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JANUARY, 1907.

Vol. 56. No. 1.

THE CAROLINA MEDICAL JOURNAL

Charlotte, North Carolina.

Published Monthly at \$2.00 per Annum.

W. H. Wakefield, M. D., Managing Editor

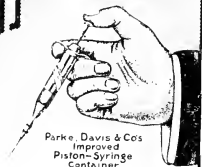
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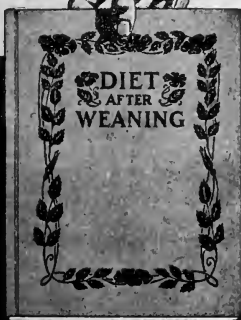
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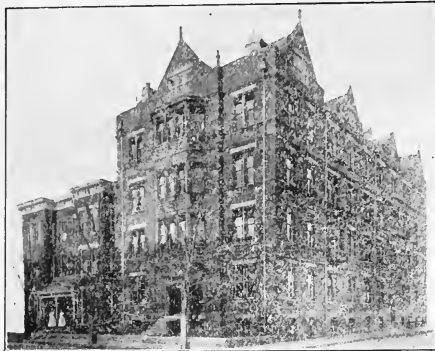
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Eclampsia, Etiology and Treatment.

(By R. G. Rozier, A. B., M. D., Lumberton, N. C.)

Eclampsia is a symptomatic disorder characterized by convulsive or epileptiform seizures that suddenly come on prior to, during, or after labor. It is an acute affection of the motor function of the nervous system, induced by the action of the various toxins in the blood on motor centers causing tonic and clonic spasms.

Eclampsia is a toxæmia, due to overproduction of toxins and under elimination by the excretories. Eclamptic seizures may occur during pregnancy, labor or puerperal period; sometimes occur without any warning at all, but usually there are premonitory symptoms during the latter period of pregnancy.

Etiology.—Modern belief teaches that eclampsia is the result of a toxæmia, and the acceptance by the profession, of this broad term has done much towards placing the treatment of so grave a condition upon a more rational basis. Most obstetricians now hold to the toxic theory of eclampsia, which is unquestionably true, but as to the true etiological factor or factors, the real source of such toxæmia is a mooted point, and there is a diversity of opinion. But whatever may be the essential cause, the true source of the toxæmia of eclampsia, one thing is sure—the acceptance by the profession of such a theory has placed the treatment of such conditions on so rational a basis as to reduce the mortality of both mother and child to a very low percentage.

Read before the Robeson County Medical Society, July 11, 1906, at Red Springs, N. C.

Albuminuria was once thought to be

the cause of eclampsia and is indeed, to this day held by some reputable physicians to be the real cause of the disease. Uraemic attacks differ in character from those of eclampsia, and it is comparatively easy to differentiate between the two conditions. A woman may have eclampsia without albuminuria, and indeed, may die with but little organic change in the structure of the kidney. Albuminuria is then the result, and not the cause.

A pathological kidney is, however, a great predisposing cause of eclampsia, for the reason that it cannot function properly—it is rendered less able to eliminate toxins of the system. It goes without saying that all conditions which interfere with the activity of the eliminating organs tend to precipitate an eclampsia attack, but the true source, the underlying cause, from which emanate such toxins as inhibit the activity of the emunctories, has for all these years been shrouded in obscurity.

Some authorities hold that the liver is the essential cause of eclampsia. Autopsies made upon eclamptic mothers showed structural changes in the liver.

A parenchymatous inflammation of the liver was found, and liver cells were found in the circulation. It is true that in many cases of eclampsia, there occur pathological changes in the liver and liver cells circulate in the blood, but this does not necessarily argue that a pathological liver is the primary cause of eclampsia. I don't believe the liver is the underlying and primary source from which emanates the toxins precipitating eclamptic conditions. The structural changes found in the liver are the effect and not the cause.

The essential cause of eclampsia, I believe, is a diseased placenta. The placental theory of eclampsia is the most plausible theory yet advanced. Eclampsia then is a toxæmia, which toxæmia is the result of pathological change occurring in the placenta. It is a faulty metabolism of the placenta. This faulty metabolic process makes a fibrin ferment; this fibrin ferment acting directly on the structural elements of the placenta, we have a destruction of placental cells which circulate in the blood. These placental cells, through the process of death and destruction form a something or eliminate a something, which tends to form blood coagulation, hence we have the formation of thrombi in different parts of the body and a general toxic condition of the blood.

Postmortem investigations have shown lesions in the brain, kidney, liver and all emunctory organs. Placental cells have been found in circulation in the uterine veins, and free among the placental villi. The lesions found in the brain and emunctory organs were due to the processes of thrombosis, hemorrhage and necrosis. Similar lesions have been found in the foetus as existed in the mother. The same media which produced, and from which emanated, the primary cause of the disease in the mother could, and no doubt does, furnish the source of infection for the foetus.

In all favorable cases where the cause has been removed, a pathological placenta, the convulsive attacks become less virulent, and soon entirely subside. This would argue that the primary source of toxæmia is intra-uterine, and the severity of the case depends upon the amount of toxins already taken up by the mother. The

mother may be so overcome by the toxæmia that a removal of the cause may not save life, for the reason that the blood is so changed with poisons that all eliminating organs are disturbed and perverted in function, and instead of performing their accustomed duty, they, no doubt, function pathologically; that is, make a something which is itself a poison. This, then, would be an autointoxication superinduced by the action of the toxines emanating from the primary source, intrauterine.

Pregnancy complicated with eclampsia, is the most dangerous form of the disease. Labor complicated with eclampsia is not so dangerous; and the least dangerous is the puerperal state complicated with eclampsia.

Treatment.—Treatment is divided into prophylactic, curative, or therapeutic and obstetric. If the condition is due to a diseased placenta, to a toxæmia, then the means at our hands are prophylactic methods. Thorough elimination and proper diet is the prophylactic method in this condition. If unable to check the condition by prophylactic methods, then we must remove the cause.

Prophylactic and Therapeutic Methods. Treat nephritis of pregnancy, increase renal secretion, promote elimination by skin and bowels. Strengthen the blood and treat symptoms as they arise. Make a chemical and microscopical examination of the urine, keep patient out of damp, cold and wet weather. Prevent sudden exposures, and use all possible precautions to prevent chilliness of the body.

The diet should consist essentially of milk. Fish, vegetables and fruit permissible. Diminish hyperæmia, and increase renal secretions. Keep kidneys

flushed. Infusion of digitalis, 3 to 4 drachms every four hours is an excellent agent. Tincture chloride of iron, 20 to 30 drops, well diluted in water every four to six hours is an agent of much value in this condition. It not only acts as a diuretic, but tones up and vitalizes epithelial cells in the ducts of the kidneys. It increases renal secretions. Give patient warm bath on going to bed. It promotes activity of the skin, and acts as a sedative to the nervous system. Insist on patient drinking quantities of water. If you want profuse sweating, use hot wet packs. Avoid the use of jaborandi and pilocarpine—they depress and may produce bronchorrhoea and pulmonary oedema.

Keep bowels open with saline purgatives. Calomel and powdered jalap followed by rochelle or epsom salts are sheet anchors in elimination in this condition. This method of treatment with skimmed milk as a diet, are the preventive methods most effectual. Nervous manifestations, in this condition, are met with chloral hydrate and bromide of potash. Don't give opium in any form in this stage of the disease. It locks up the enemy. When hygienic and therapeutic means fail, remove the cause—empty the uterus.

Obstetric.—If symptoms of toxæmia remain very severe after prophylactic and therapeutic methods have been faithfully tried, interrupt pregnancy, even if it is before the seventh month. Consider mother's safety. Perhaps the best method is to introduce an aseptic solid bougie between the membranes and uterine wall. This will excite uterus to contract and expell contents. Rupturing the membranes is a simple method, but may be dangerous.

Eclamptic Stage.—Should not let the

woman go to this stage if you can possibly help it, but often times the physician is not called until the woman has first convulsion. When a woman has an eclamptic attack, my rule is to remove the cause at once, if it has not already been done—empty the uterus.

In other conditions, when venesection is advised, we employ it when the pulse is rapid, strong, full and bounding; but in eclamptic conditions, we can't depend upon such conditions of the pulse. Patient may have a very weak pulse, and by taking away part of the blood, pulse may become very strong. After taking away part of the blood, give from one pint to a quart of normal salt solution subcutaneously. Deep down under mammary glands is the best site to give saline infusion—it is quickly absorbed. When you take away part of the blood, you remove part of the toxæmia and the salt solution soon replaces the volume of blood. By this method you dilute the toxins in the blood—the cause having been removed, and give the system a chance to react and throw off the remaining toxins. After this process of treatment, patient, as a rule, reacts quickly, and makes a rapid recovery. In such cases, nothing more is necessary, save proper diet and tonic treatment. Such patients are very ænemic—the red blood corpuscles being deficient in hæmoglobin. Tincture chloride of iron in large doses three or four times a day is usually sufficient.

It sometimes happens, especially among the poorer classes that the physician is not called until the woman has had several eclamptic convulsions, and in such cases, you will generally ascertain the sad fact, that the woman has not only failed to place herself under

the care of a physician, during the period of gestation, but has neglected to consult one even though the physical signs and symptoms would indicate a most grave condition. When called to a woman in such condition, who has had several convulsions and continues to have them at close intervals, my method of procedure is to give one-half grain morphia subcutaneously and deliver her at once. If woman continues to have convulsions after delivering I take away part of the blood and give saline infusion. For the convulsive attacks themselves, I give heroic doses morphia hypodermatically and chloroform by inhalation. I am well aware that there is considerable objection to this method of treatment especially among hospital men. They argue that the morphia locks up the enemy in the system and that such procedure is illogical and diametrically opposed to modern scientific medicine; and further that such doses of morphia are toxic doses and therefore within themselves dangerous. I admit that ordinarily the doses I have mentioned are toxic doses and might produce death were patient suffering from some other disease but not so in eclamptic conditions; you can give an eclamptic patient from one to four grains with impunity. Chloroform and morphia will check eclamptic convulsions, and I argue that it is far better to stop the convulsions, if in so doing, you do lock up the poisons in the system for a short time. The convulsive attacks do more harm to the patient than locking toxins and ptomaines in the system would do in the same period of time.

The attacks cause structural changes and destruction of nerve tissue and the more severe the attack the greater the change in nerve tissue, so if structural

changes in brain tissue are at all extensive you will have a permanent pathological condition and patient will be the subject of subsequent mental aberrations and doubtless many other alarming conditions.

Morphia, in large doses, will decidedly modify, if not entirely check the attacks and it is the convulsive attacks which cause such rapid and destructive pathological changes in the brain, so why is it not good sense and practice to resort to those therapeutic agents which will quickly check structural changes in brain, even though you do lock up, in the system, the enemy, the real cause of the disease. When you have checked the severity of the attacks you can very quickly remove the primary cause, empty uterus, and then begin to eliminate toxins in every way possible. My rule, after giving first dose morphia, is to empty uterus as quickly as possible and if woman has another attack after giving first dose morphia, I repeat the dose and proceed with my work. After I have emptied the uterus—removed the primary cause—I then proceed to eliminate toxins in every way possible.

The cause having been removed, the supply of toxins is cut off to a very great extent, and by taking away part of the blood you also remove part of the toxins; you can then rapidly supply the normal volume of blood by giving a normal saline infusion. You have thus diluted toxins in the blood and rendered it in a much better condition and the system has a chance thus to throw off the toxins which remain and react to its normal condition. As a rule, I do not bleed patient after emptying uterus unless convulsions continue thereafter. I think it is a good and safe rule to empty the uterus immedi-

ately when a woman has an eclamptic convulsion. In so doing you remove the cause and it remains then to look after the poisons already in the system.

Pathological Findings and Causation of Eclampsia and Hyperemesis.

(By Greer Baughman, M. D., Richmond, Va. Lecturer on Hematology, Demonstrator of Physiology in the Medical College of Virginia; Member of the Southern Surgical and Gynecological Society; 2nd Vice-President of the Medical College of Virginia, etc.)

We have passed that stage in medicine where causative theories that do not explain the pathological findings are accepted. Few diseases have had more interesting theories advanced to account for the symptoms than eclampsia. Unfortunately, the pathology was not well established until recently. As I stated in an article read before the Medical Society of Virginia in 1902, "Now that the pathology has been established by many observers, we will have to wait but a short time for the correct theory of its etiology."

The same pathological findings are almost constantly present in the kidneys, the liver, the brain, and meninges, while the lesions in the heart, the pericardium, suprarenals, pancreas and gastrointestinal tract are not so constant. The urine, likewise, shows an almost constant finding.

Kidneys.—Glockner found the kidneys diseased in 25 out of 26 postmortems. The other patient had 30 per 1,000 (Eshach) of albumen and casts, but died 11 days after the attack and no anatomical changes in the kidneys were found.

In 367 postmortems of women suffering from eclampsia, Brutz found only 27 sound kidneys. Schmorl found

in 73 cases of eclampsia posted, kidney change in 72 of them.

These changes, as a rule, are not inflammatory; particularly is glomerulonephritis rare. A degeneration of the epithelium of the tubules, a fatty degeneration, cloudy swelling or local necrosis are the most common. Fibrous and hyaline thrombi are sometimes found. The changes are frequently no more severe than those that so often occur in the kidneys of pregnant women. The attacks of eclampsia in women who have suffered with nephritis for years, are not nearly so common as was formerly supposed.

The urinary symptoms usually precede the attack of eclampsia. The urine is scant, high colored, of high specific gravity, loaded with albumin and with a noticeable diminution in the quantity of urea with an increase in the other nitrogenous elements, particularly that precipitated by phosphotungstic acid readily decomposed by heating with sulphuric acid at a temperature of 160°C. The increase of the nitrogen other than urea, rather points to the closure of the portal vessels and the inability of the liver to get at the nitrogenous foodstuff to convert it. These urinary changes may be out of proportion to the rather mild kidney lesions found at postmortem.

The liver presents the most interesting pathological findings of any of the organs affected by eclampsia. Glockner saw 20 characteristic changes in 26 postmortems; Schmorl, 71 in 73, but in both of the cases he found a thrombosis of the portal system. Pilet found the liver changes constant in 22 cases; Labarsch in 16; Klebs in 2; Prutz in 5; Gerdes in 2; Jung in 7; Bouffe de St. Blaise in 42.

The liver is enlarged. Irregular gray

spots; red, irregular streaks and points can be made but with the naked eye. The microscopic appearance of the gray spots is that of necrosis; the red show hemorrhage. The portal vessels are filled with thrombi, and the necrosis extends *from the periphery to the center*.

Lungs.—Of the 73 postmortems reported by Schmorl, 66 showed infarct in the lungs with a fibrous exudate in the surrounding tissue. Other authors have confirmed this.

Other Organs.—Lubarsch says that in the brain and its membranes hemorrhages and softening are found. Winkler found this condition 6 times in 7 postmortems. Schmorl observed minute hemorrhage in the brain or its membranes 65 times in 73 dissections. The same author found minute hemorrhages; cloudy swelling and fatty degeneration of the heart muscle in 73 postmortems.

Much less constant are the minute hemorrhages with accompanying necrosis in the suprarenals, pancreas and gastrointestinal tract. Not only do we find thrombi in the capillaries, but sometimes, emboli of the cells torn off from some distant organ or tissue. Cells from the liver, placenta and spinal cord have been noticed.

The photomicrographs made from a case posted in Vienna and prepared by me, show the characteristic change in the liver and kidneys.

When we leave the certain pathological lesions and attempt to discover the cause of eclampsia, we are entering on a very difficult task. So many theories have been advanced, all of them with some sort of justification, that it is difficult to pick the one that comes nearest to explaining the pathology and symptoms.

Dr. A. Lapthorn Smith advances as the cause of eclampsia, anemia of the corpora striata or such other parts of the brain centers as control muscular movements. This anemia is brought about by a spasm of the arterioles that carry blood to that part. He says, further, that all the capillaries of the body are contracted, so that the amount of poison increases in the blood. The arterioles of the kidney are so tightly contracted that no urine can be secreted. As the arterioles of the brain contract, the patient suffers with headache, disorders in vision. The same poison contracts the arterioles, stimulates the heart-muscle and causes great rapidity of the pulse. He carries his theory into practice by administering fearlessly morphine followed by veratrum viride under the skin. He thinks that any other treatment is time wasted.

Some regard eclampsia as an acute infectious disease running a definite course; others, particularly, the English authorities, hold that it is due to a deficiency of thyroïdin and administer thyroid extract to overcome that deficiency. The older writers layed great stress on the inability of the kidneys to eliminate the toxins from the body, particularly the nitrogenous waste-products. More recent investigators are rather of the opinion that the primary seat of trouble is the liver. This organ has been degenerated to such an extent by some poison manufactured either by the fetus or by the mother that the food and poisons from the intestines, which are chemically changed in the liver, are no longer acted upon, remain in the blood and add their poison to the existing one.

While it is pretty generally believed that eclampsia is a toxæmia with the most important pathological changes

in the liver, it is even better supported by pathological facts that hyperemesis is a toxæmia with its principal lesion in the liver. There are some who claim that the cause of the two is the same, and that if the poison exerts its influence early, fatal vomiting will result; if later in pregnancy, the woman will have eclampsia. I do not believe that our present knowledge will justify this conclusion.

The classification of hyperemesis given by J. Whitridge Williams is a fair one. He divides the persistent vomiting into (a) Reflex vomiting, caused by abnormalities of the uterus, particularly displacements; certain cases of endometritis; ovarian tumors; abnormalities of the ovum, such as hydatinics, hydatiform mole and certain cases of twin prgenancy. (b) Neurotic vomiting. (c) Toxæmic vomiting, which is the one that we will discuss.

The pathological lesions of the toxæmia vomiting of pregnancy are fairly constant. The *kidneys* show, as a rule, marked fatty or granular degeneration of the parenchyma, particularly of the tubules. These degenerations seem secondary to that of the liver. The urine is usually normal until shortly before the fatal termination, when it may be entirely suppressed or loaded with albumen and containing leucin and tyrosin. Urea is diminished but the ammonia-nitrogen is proportionately increased.

Polyncuritis frequently accompanies hyperemesis.

The liver is the most constantly involved and its lesion is usually the same—fatty degeneration. This degeneration begins in the center of the lobule and spreads towards the periphery. It may be attended by cloudy swelling or even multiple hemorrhage, but

this is by no means constant and usually, when it does occur, the woman has had one or more eclamptic fits. The pathological picture in the liver of those dying from persistent vomiting is almost identical with the microscopic picture of acute-yellow-atrophy liver and phosphorus—poisoning liver.

The difference of the microscopic picture from that of eclampsia is very noticeable:

HYPEREMESIS.

Degeneration begins in the center.

Absence of thrombi in portal system.

As a rule, absence of hemorrhage.

Fatty degeneration most prominent

Jaundice frequently present.

ECLAMPSIA.

Degeneration begins at periphery.

Characteristic thrombi in portal system.

Hemorrhage always present.

Granular and cloudy degeneration most prominent.

Jaundice rarely noticed.

As to the causation of hyperemesis, it has been laid to the (a) intestinal tract (b) the ovum and its passages. (c) ovarian secretion, (d) hepatic lesions.

Dirmoser pointed out that in women suffering from persistent vomiting the urine showed an increase in uric acid, indoxyl, skatoxyl, while such abnormal elements as acetone, diacetic acid, peptone, urobilin, etc., were found. From these observations, he concluded that the toxic material was derived from decomposition of carbohydrates in the stomach and proteids in the intestinal tract which circulated in the blood causing a neuritis which caused the vomiting.

The foetal theory was along the line of Ehrlich's side-chain theory, advanced by Voit in 1902-1903. He believed

that the woman's organism could take charge of a certain amount of foetal detritus-products; but when an over supply was furnished, cystotoxins were developed.

Holladay thought that the secretion from an abnormal corpus luteum in the late months of pregnancy could account for the vomiting.

The hepatic origin has had many advocates, particularly Matthews, Duncan, Roughton, Lomar, etc.; but Stone, in 1903, reported a case with the findings in the liver very similar to that of acute yellow atrophy. The hepatic theory presupposes an intoxication which is incident to pregnancy. Possibly, as Keifer suggests in menstruation, there is an elimination of the secretion by the epithelial and gland-cells of the endometrium, while in pregnancy this secretion is retained. Other origins of poison may be from the foetus itself, from the intestinal tract, etc. The liver, during pregnancy, certainly shows a locus minoris resistentiae, as is shown by the repeated reports of epidemics of jaundice among pregnant women. The autointoxication not being able to be eliminated by the liver, acts upon the organ degenerating it.

The fact that the liver it not performing its function is shown by the lessened ureas delivered by the kidneys of women suffering with hyperemesis, while the ammonia-nitrogen was proportionately increased, so that the ammonia-nitrogen, instead of representing 3 to 5 per cent of the total nitrogen output, sometimes seems as high as 32 to 46 per cent. It is, however, not absolutely fair to attribute this marked increase in ammonia-nitrogen to failure on the part of the liver to convert the ammonium carbamate into urea. It may mean that an excessive amount of

acid material has been thrown out into the circulation, and that the ammonia is there to neutralize it.

Williams, Stone and others lay great stress on the diagnosis of hyperemesis that can be relieved only by the most drastic measures, such as abortion, etc., upon the relative increase in the ammonia-nitrogen of the urine.

The Doremus ureometer method is not safe in this estimation, because it decomposes not only the urea, but the ammonia-nitrogen as well.

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Rowan County Medical Society.

(By I. H. Foust, M. D., Salisbury, N. C.)

Mr. Editor:

At your request, I have attempted to furnish your journal with a brief history of the work of the Rowan County Medical Society. Our Society Record Book dates from 1877. There had existed an organization many years previously, but no records are attainable back of that date. On Saturday, Aug. 11, 1877, a medical Society was organized in Salisbury of which Dr. James G. Ramsay, of Scotch Irish Township, was made President and Dr. Joseph J. Summerell, Secretary. There were four other physicians present at the first meeting, Doctors Julius A. Caldwell, R. A. Shimpoch, Littleton W. Coleman, and Henry T. Trantham. Dr. Trantham, at present an active practitioner, and a useful member of our Society, is the only survivor of the Charter members. A constitution was framed and subsequently adopted, and sixteen names were enrolled. This organization continued active, with growing membership, and held regular meetings every three months for a period of three years. The Society slumbered, thenceforth, until 1887, when a renewal of interest was awakened and a new era of activity began. The record shows that regular meetings have been held ever since, and the Rowan County Medical Society is stronger to-day, both in members and influence, than at any period of its history. When the State Medical Society formulated a plan by which closer union between the County societies and the State organization should be consummated, our Society promptly concurred. The organic law suggested for our adoption was carefully considered, and its main features incorporated in our Constitu-

tion and By-laws. Possibly no form of organic law, governing a body of professional men, has been subjected to more rigid scrutiny than ours; and after nearly thirty years of experience, we believe that our Constitution and By-laws are well-nigh perfect. Without boasting, it can be said that this Society has numbered, among its members, some of the ablest physicians in the State. Many of these intellectual giants have gone to their reward. In the limit of this sketch, it would not be appropriate, if practicable, to attempt to refer to all who are worthy to be commemorated. But the priter thinks it not indelicate or invidious to mention, briefly, a very few. Conspicuous among our members, and its first President, was Dr. James G. Ramsay. He was of splendid intellectual endowment, thorough culture, and of a genial and kindly temperament that drew his fellowmen close to him, and inspired universal confidence and esteem. He achieved large success in his chosen profession, and his counsel was always sought and heeded by his associates. He was elected President of the Rowan County Medical Society twice in succession, and served, altogether, four terms in its highest office.

A bright and shining light in the profession was Dr. Marcellus Whitehead. He was universally popular as a man and as a physician. Nature's gifts were liberally bestowed in the endowment of both his mental and physical structure. His mind was keenly susceptible to truth along all lines. His quickness of perception made his power of diagnosis remarkable. A prominent physician, in a neighboring town, once remarked that "Dr. Whitehead was the most courtly man he ever knew."

After his spirit had taken its flight

and the sad news had spread over the town, every business house wore habiliments of mourning. This was a touching and unprecedented manifestation of the love and respect in which he was held by all our people.

Another beloved physician who wielded great and lasting influence in the community was Doctor Joseph J. Summerell. For nearly half a century he practiced with marked success; and his name was a synonym for rugged honesty and marked fidelity to truth and duty.

Dr. Isaac Walter Jones, who has recently passed away at a ripe old age, was a remarkably man and physician. He might very appropriately have been termed the poet-physician. He had a finely cultivated mind, a most remarkable memory, and his familiarity with the classics was universally acknowledged.

The verdure of Spring has not yet cast its mantle over the freshly made mound covering the mortal remains of Dr. Julius A. Caldwell. He was, for a great many years, one of the leading members of our Society, and gave to its work, his best counsel and most unselfish devotion. In his active professional life, he lent his skill in alleviating the sufferings of the poor, without stint, and with little hope of reward; and his memory is embalmed in the hearts of those whom he relieved. He had a large practice, and ranked as one of our best physicians.

No more zealous or faithful member affiliated with our Society than Dr. Littleton W. Coleman. He lived until a few years ago, and as he was wonderfully preserved, mentally and physically, to a very ripe old age, he attended the meetings almost to the very end of his life. Few men in any position, or

branch of business, made a deeper or more lasting impression upon his community than Dr. Coleman.

Dr. R. A. Shimpoch, of Gold Hill, was one of the "reliables." Winter or summer, rain or shine, he rarely ever failed to put in an appearance at the meetings, and his voice was heard in defence of all that is truest and best in the profession. He made a fine record as a Confederate soldier; and, at the close of the war, penniless, but proud, he actually practiced medicine on foot until he had made enough money to buy a horse.

Of these heroes, good, brave, and useful men, too much cannot be said. The good deeds of their lives and their unflinching devotion to their lofty calling, are indelibly inscribed upon the tablets of memory. Our Society owes much to them and to others, equally faithful and self-sacrificing, who have gone from us. We, who survive, pledge our best efforts to preserve and perpetuate the good name won for our Society by its faithful membership

Some Phases of Work for the County Medical Society.

(By J. D. Roberts, M. D., Mt. Olive, N. C.)

Allow me first to thank you for the honor bestowed in placing me in the position of presiding officer of this Association, and the uniform courtesy extended me as such. I have felt the responsibility of guiding and directing the affairs of this organization during the past year. I have tried to discharge the duties devolving upon me to the best of my ability. I have not accomplished all I wished, nor is the society now in the flourishing condition it

ought to sustain, though I congratulate you upon the material progress made during the year. Mistakes have been made; but the mistakes of doctors, it is said, are buried six feet under earth. Let us now bury ours in oblivion, remembering them only to profit by them in our future work, and press on to a higher and better position for our society and the work it ought to accomplish.

It has occurred to me that some thoughts generated by a contemplation of our position and the needs of the occasion would not be amiss at this time, if we would attain the full benefits of our organization, both for ourselves and the general public.

Medicine, while not an exact science, is the most progressive of allied scientific pursuits. No matter what progress has been made in the past or may be made in the future, there will always be something more to be learned, until the problem of life is solved and we can demonstrate the difference between the animate and the inanimate—a problem now hidden in inscrutable mystery with an all-wise and ever beneficent providence.

As great as are the advances made in the knowledge of the human frame, the physiology and functions of its various parts, the beauties of its mechanism and the application of remedial measures to morbid conditions, we are as yet but upon the threshold of the great storehouse of research. The history of medicine shows that there has always been a searching for truth in its broadest sense, and there was never more activity in the **work than at present.**

We of this society are the beneficiaries of this activity, and our patients are reaping the rewards of it in our daily ministrations. Shall we be only recip-

ients of these bounties without adding our quota to the sum total of the progress being made? We are but few and perhaps insignificant in the great army of 125,000 physicians of this nation, together with the hundreds of thousands engaged in this work all over the world: but as integral parts of the cohorts, our duty is to do well our part in our allotted sphere, and thus reflect in a measure the grandeur of the work as a whole.

If medicine is progressive, it follows that an association of its adherents must of necessity be progressive. To stop means to retrograde, and death will follow—to the detriment of its adherents and to the dishonor of the cause espoused. It is this spirit of progression that I wish to advocate, indicating some of the measures that may, in my opinion, be instituted with advantage to the profession and the public.

The subject of organization has been written of—lectured on—advocated until it has become threadbare, yet it is the keystone of the arch of progression. Without it the full strength of the fabric cannot be utilized. Organization does not mean simply the gathering together and enrolling the names of a few or even a large majority of the physicians of the County into an association. We should be satisfied with nothing short of every legally qualified physician within the territory enrolled as an active member, each taking an interest in the affairs of the association and striving to place it in the vanguard of progression. I believe in this particular we have been remiss in our duty to the profession and to the public. While some effort has been made to interest those members of the profession not yet enrolled in the work of the County organization the fact

that fully one-third of the profession of the County is not enrolled, condemns us. There must be something radically wrong in this, and I suggest that an organized and systematized effort be made to induce these physicians to affiliate with us, I believe they need the society; I know the society needs them.

I am an advocate of more frequent meetings of the society; monthly meetings are none too frequent. There are so many matters we ought to discuss—matters that we might say were side lines—that quarterly meetings do not give us sufficient opportunity for purely scientific discussions. If we cannot meet monthly, let us at least have bi-monthly meetings.

There is a crying need of closer relations between the society and the public. We acknowledge our indebtedness to the public, and the profession has ever been ready to render any service within its power to the advancements of public interests, and in this the Wayne County Association will not fall behind the professions' general reputation. To be of the most service, the public should be better informed as to what the society is and what it stands for. Our object for organizing, and our aims for future usefulness are neither realized by the public. The impression is extant that we are a close corporation and our chief subject of discussion is how to secure larger fees and how to collect them. Let us take the public into our confidence, let it know that our purpose in coming together is not connected with any sinister designs against either its pocket-book or its peace of mind. Give it to know that our platform is a broad and liberal one, that has for its ulterior object the benefiting of humanity. To this end there must be conjoint meet-

ings of the public and society, and invitations to public spirited citizens to any and all meetings. Public lectures on scientific questions in which the public is interested is another means of interesting the public, and giving it informations in regard to our work.

The dearth of papers presented during the past year is deplorable. Candidly, I do not know how to meet the existing conditions. When the programme committee selects a subject and assigns the writer or writers, and they flatly refuse to serve, or deliberately absent themselves from succeeding meetings, what can the committee do? Possibly a change in the character of our discussions would prove beneficial; give them more clinical work; the introduction of patients; reports of cases, etc. A definite systematic programme running through several meetings might be tried. None of these will be successful unless individual members will take the trouble to make preparation before coming to the meeting of the association.

It is the province, and in fact the duty of the medical profession that we give to the public such instruction in sanitation and public hygiene as may be for the best interests of public health. This can and ought to be done, (perhaps is), by the majority of us, individually to our patrons and in the sections in which we practice. This course has its influence and cannot be disregarded, but it is only by concert of action, and speaking with the authority of the profession as a whole that the public can be properly impressed. Here, then, is a work for the county medical society, wherein great good can be accomplished and its importance to the public be demonstrated.

In matters of education the doctor

should be foremost. In my opinion the medical profession ought to be represented on every county board of education, and if the doctor's advice and aid was sought in forming the curriculum, and directing the management of the various school districts, either as a member of the district committee or in the capacity of an adviser, better results would be attained. To go into this subject fully would consume too much time, hence a mere notice of it will have to suffice.

The State statutes prohibit any person from engaging in the practice of medicine, unless duly qualified and this to be demonstrated by obtaining a license from the board authorized to grant it. That this law is violated constantly is well known, and it is rare for the offender to be brought to justice. The reason therefor, is that it is nobody's business to report such cases, or secure the necessary evidence for conviction. Individual doctors hesitate to take the initiative as being beneath the dignity of the profession to notice illegal practitioners. Thus it is, that pretenders, fakes, quacks, ignorant negroes and disreputable whites dispensing "roobs and yarbs" are posing as doctors without hinderance. These people rarely do harm to the profession in a financial way since their patrons are generally of the class out of whom fees are few and far between. The few intelligent and well to do people who employ them take very little from the income of the profession. It is because the profession can see and realize the dangers in allowing unqualified persons to engage in the practice of medicine that I call your attention to it and suggest a standing committee of the association to prosecute illegal

practitioners in behalf of the association.

Another question that we perhaps ought to look after is the appointment of the county health officer. It is true the county society as such has no voice in selecting this officer, but I think, as he is to be a physician, and as such is to some extent a representative of the medical profession, we have a right to protest against the appointment of one not in full unison and sympathy with the progressive spirit of the organized profession.

My message to you is already longer than I had intended, yet there are other themes that I might suggest for your consideration, which I will merely mention before closing. The fight on patent medicines and the newspapers endorsing them, could take the time of a whole session in discussion. The utility and ways and means of securing a County Medical Library is a profitable subject for consideration. Our duty towards the public possibly demands that we lend our aid as a society in the suppression of the social evil, now being agitated by students in

social and political economics, as well as by the medical profession.

Finally gentlemen I would urge that we cultivate a social and friendly feeling in the ranks of the profession. Of all professions, that which we represent should be the most harmonious, not only in the organization as a society, but in our private intercourse. Differences of opinion and of measures of policy there are, and will continue to be, and the honesty of these differences need not be impugned. Let us cover what we consider faults in our professional brethren with the mantle of charity, and seek for and emulate the virtues to be found in each and all. The bonds of friendship that unite those engaged in the same calling should be ours to a superlative degree, for upon us is laid, in the alleviation of suffering and the cure of disease a responsibility only equalled by that of the Minister of the Sacred Desk. It is due the high purpose we espouse and the confidence reposed in us by those whom we serve, to present a united front and concerted action in the great work to which we dedicate ourselves, the betterment of our race.

ABSTRACTS.

The Elimination of Cavities in Operative Wounds.

Surgery, Gynecology and Obstetrics.

Moselig-Moorhoff gives the history of the various substances recommended for the filling of bone cavities, the result of operations for removal of diseased bone. He attributes the failure of all of these to the fact that they do not hermetically seal the cavity, no matter how densely and carefully packed. He states that within five years he has treated more than a thou-

sand cases, the filling being always well tolerated. The filling which he calls iodoform-plombe consists of iodoform 40 parts, and 30 parts each of spermaceti and sesamoil. This is heated to a temperature of 55°C and poured into the cavity in a liquid state. It quickly hardens and the tissues are then closed over the wound and a suitable dressing applied. He summarizes as follows: (1) Elimination of so-called "dead spaces" in operative wounds is always to be aimed

at, to prevent suppuration and its sequelæ, as well as to promote more rapid healing; (2) It is appropriate to use hermetic filling of these spaces, if other methods cannot be employed; (3) Conditions for filling (plombing) are as follows: (a) As to the Cavity. Removal of all diseased tissue, new formation of the cavity by ablation down into sound tissue, to produce aseptic conditions and render the cavity dry. (b) As to the Filling. Preparation under aseptic conditions; the filling must be prepared with a permanent antiseptic, as its important constituent. The mass should be poured into the cavity when liquid, and should solidify there to effect a hermetic closure; (4) The iodoform-plombe is merely a substitute; a locum-tenens, remaining in the cavity until either entirely absorbed by granulation or partially absorbed and partially expelled; (5) Absorption or displacement take place but slowly and gradually, proportionate to the production of the granulations, which serve as permanent organized filling. This gradual disappearance of the plombe keeping step with the progress of cicatrization may be observed radiographically; (6) Iodoform intoxication is not to be feared, owing to its extremely slow absorption and introduction into the general circulation, even in large cavities and with a correspondingly large amount of filling material; (7) The course of healing after use of iodoform-plombe is, with correct technique, always aseptic, with complete closure of the wound, healing *prima intentione* is the rule. The final results are the best possible, also, from a cosmetic point of view, because deeply retracted scars do not result owing to the active organized substitute.

Leucocyte Count in Intra Abdominal Surgery.

(*Int. Jour. Surgery.*)

The journal states that several years ago when the leucocyte count was introduced as a diagnostic measure there were those who entertained all kinds of extravagant expectations of its value. The medical journals were filled with articles on this subject, and according to some enthusiasts it seemed almost a crime to neglect its employment. From present indications the status of this diagnostic measure is still far from established. There is still a wide divergence of opinions but the general deduction may be drawn that while the leucocyte count has a certain diagnostic value, too much reliance should not be placed upon it in the absence of more characteristic symptoms; in other words, it may furnish confirmatory evidence, but in itself cannot establish a diagnosis.

Ether-Air Anesthesia.

M. Metzenbaum, Cleveland, Ohio (*Journal A. M. A.*, Nov. 17), advocates the use of the open or drop method of ether administration, using the ordinary Esmarch or chloroform mask covered with six or eight layers of gauze, and held, at the beginning, 6 or 8 inches above the patient's nose. The patient is directed to count slowly after the anesthetist, or to breathe in and out or to blow the vapors away. The ether, in the ordinary chloroform bottle with dropper, is allowed to drop on the mask somewhat more rapidly than if it were chloroform, and the bottle is moved continually so that the drops fall on all portions of the mask, and the ether is inhaled as a warmed, well-diluted gas. The mask is gradually lowered till it nearly touches the face.

and the rapidity of the dropping is increased till a fine, continuous, steady stream is spread all over its surface. At the end of from five to seven minutes the unconsciousness is sufficiently advanced for the final preparations for operation to begin, and by the time these are complete the patient is in a condition of surgical anesthesia, and from this time on only enough ether to keep up the anesthesia is required. The advantages of the method are the avoidance of the asphyxiation, the gradual adaptation of the organs to the anesthetic and the better control of the dosage by the anesthetist. Bronchial and lung complications do not seem to follow so commonly, the lungs not being so chilled by the sudden introduction of the vapor, while the vomiting and retching are reduced to a minimum. It is as well adapted to alcoholic patients as any other method and is well borne by infants and the aged. Metzenbaum believes the method far superior to the closed or cone method, and thinks it may be properly designated ether-air anesthesia."

**Perinephritis as a Cause of Symptoms
Simulating Those of Stone
in the Bladder.**

(*Univ. of Pa. Med. Bulletin.*)

Tyson states that by perinephritis he means an inflammation of the capsule and other tissues surrounding the kidney, of such nature as to produce contraction or cicatricial markings in the capsule, whence also the cortex may be invaded. That the term perinephritis may be applied to more distant peripheral inflammation, including suppurative processes due to stone and other causes. He reports four cases in which the diagnosis of stone or perin-

phritis had been made. These cases had symptoms of stone with some pus, albumin and microscopical blood in the urine, continuous or paroxysmal pain in the region of one kidney radiating into the abdomen, groin and inside of the thigh. These cases were operated on but beyond numerous adhesions to the surrounding parts nothing abnormal was found. The operation gave relief in each instance.

**The Therapeutic Value of Artificial
Localized Hyperaemia in the Treat-
ment of Ambulatory or Dis-
pensing Cases.**

(*Medical Record.*)

Beer discusses Bier's treatment by hyperaemia and reports 200 cases in which he has used his method. He states that there are two kinds of hyperemia, active or arterial, and passive or congestive or venous. The active is produced by the use of heated air and is particularly useful in chronic rheumatic joints. The two methods he employed were, (1) Hyperemia induced by suction, (2) Hyperemia induced by constriction. The first method is employed extensively in acute inflammations, such as boils, abscesses, cellulitis, contusions, black eyes, etc. Special cups adapted to the part are provided and suction is applied for twenty or thirty minutes a day. Great claims are made for this form of treatment. The other method, hyperemia by constriction has been in use for some time, and consists in applying a Martin (thin rubber) bandage and causing a venous congestion below the bandage. This form of treatment is used in tubercular diseases of joints, gonorrheal arthritis, stiffness of joints following contusions, fractures, etc.

Internal Administration Antitoxic Sera.

In a communication to the Journal A. M. A., Merrins asks if any one has administered antitoxic serum in other ways than by subcutaneous injection. He states that in England and elsewhere it has been demonstrated clinically that serum given per os or per rectum is effective. He quotes from quite a large number of articles to prove that this is so and states that the English branch of P. D. & Co., supply a low potency anti-diphtheritic serum made especially for oral use.

Dispensing Versus Prescribing.

M. H. Fussel, Philadelphia (Journal A. M. A., Dec. 1), discusses the question of physicians dispensing their own medicines, assuming that the physician is near a reputable pharmacy. Of course the country physician has no other recourse and Fussel's statements do not apply to him. Fussel finds that it can not be said to be for the benefit of the patient. Physicians can not well put up prescriptions suited to all cases. They have neither the necessary skill nor time for such work. The tendency is to make the patient come often for renewal of his medicine, and as a physician can not keep everything that the patient needs in stock there is a constant practice of substitution. When dispensing medicines may increase the number of the young physician's patients, it does not necessarily make a profitable practice in the long run, and it leads to careless habits in studying and diagnosing cases. A prescription is a formula adapted to a special case and helps a man to become less routine and to rely less on ready-made formulas. To summarize, he says: "Dispensing often gives to the patient

drugs unfitted for his case, at greater cost to himself than if he obtained them on prescription. It helps to make it easy for the physician to become routine and to neglect the proper study of his cases. It ruins the druggists in the neighborhood and leads them to become nostrum vendors."

Aetiology of the Gastric Ulcer.

Barker reviews some of the theories that have been advanced in regard to this subject, and gives one that he believes comes nearer the truth. (N. Y. Med. Jour., Nov. 24, '06). The most widely accepted theory is one borne of the idea of a blood stasis in the circulation due to embolus or thrombus. This is untenable, because if true gastric ulcer would be a secondary condition to organic, cardiac or valvular disease and the ulcers would not have a selective position as now. The infection theory has no foundation because there is no known pathogenic germ that thrives on an acid medium.

A general review is given of the formulation of hydrochloric acid, and its influence upon digestion and the stomach, and the conclusion is reached that this has much to do with the production of gastric ulcer, the following being the author's recapitulation:

The aetiology of real ulcer may be classed as remote and immediate. The factors entering into the remote aetiology are those influences which cause an over-secretion of hydrochloric acid by the cells in the gastric glands. These influences are varied and numerous, and possibly cannot be definitely determined in any given case. The elements entering into the immediate aetiology of real gastric ulcer are, we believe, an excess of amount of free

hydrochloric acid for an indefinite time in the gastric juice, and faulty digestion in the stomach as the result, and traumatism of the mucous membrane of the pylorus due to the forcing of the undigested mass through the narrow outlet for a long period of time. These forces working together, overcome the forces of Nature in a rather small per cent of cases, and ulcers result.

Anæmics are peculiarly susceptible to those influences which produce over secretion of the hydrochloric acid in the gastric cells, therefore hyperchlorhydria often complicates this condition and frequently terminates in gastric ulcer for reason of the devitalized condition of the general system.

Death from a Needle and an Embrace.

At Scranton, Pa., Thomas Dougherty was killed by his heart being pierced by needle while embracing his sweetheart. The needle, a large one such as is used in mending the clothing of miners, was sticking in the bosom of the girls clothing. When Dougherty caught and attempted to embrace her, its point caught in his vest and the eye or reverse end rested against her corset. The pressure forced the needle through the fifth rib, and into the heart, death resulting from the hemorrhage that followed.

The Cause of Ground Itch.

Claud A. Smith, who has made close studies of the *Uncinaria Americana*, read before the American Medical Association at its last session a paper on The Causative Factor in the production of Ground Itch, (*Uncinarian*). (Jour. A. M. A., Nov., 24, '06). To decide the question as to whether the dermatitis was from a mechanical

irritation, he collected large numbers of the larvæ under conditions precluding the probability of there being an admixture of any other substance, these he treated with alcohol, and applied to the skin of the wrist, making a control application of alcohol at the same time. A mild dermatitis promptly appeared. His summary of the experiments follows:

"From these experiments it would appear that the larvæ of the *Uncinaria americana* produce some substance which is very irritating to the skin, producing severe itching, with a tendency toward vesicle formation.

The eruption produced by these experiments was not so severe as that produced when the living larvæ penetrate the skin; there is not the extreme swelling of the subcutaneous tissues; the itching is not excruciating; there are no severe constitutional symptoms; the eruption disappears in a shorter time. It appears to be a mild form of ground itch, and the two can readily be differentiated when we remember that in these experiments the substance was simply placed on the surface of the skin, while when the living larvæ penetrate the skin they evidently secrete this substance directly into the subcutaneous tissues, as well as into the skin; and while in the experiments the substance was applied only once and was not replenished from time to time, on the other hand the larvæ probably continue to excrete this substance for some time, and thus produce the excruciating itching.

Nature appears to supply this substance to be used as an irritant to the tissues so that the patient will continue scratching the area as long as the larvæ are in the immediate locality, and the scratching and rubbing of the

area no doubt facilitates the passage of the larvæ through the tissues.

The eruption produced in these experiments resembles very closely the mild form of ground itch, when only a few larvæ penetrate the skin, producing the discrete form of the eruption. the difference being readily accounted for by the continued activity of the living larvæ.

The substance which produces the eruption has not as yet been obtained in sufficient quantity to attempt to recognize it. It appears to act somewhat as the toxicodendrol which was isolated from the *Rhus toxicodendron* by Professor Pfaff, Harvard University.

The Cure of Psoriasis.

Buckley (L. Duncan) has made a study of 500 cases of Psoriasis seen in private practice, dealing with it from many points of view. (Jour. A. M. A., Nov. 17, '06). Its obstinacy and tendency to recurrence is noted, and the disposition to consider it an incurable disease with treatment directed to the relief of cutaneous symptoms present alluded to. Males are more subject to it than females. No age is exempt. Largest number seen of ages between 25 and 30. Its persistence is shown in one table presented, by patients having been troubled with it for 50 years. In a large percent it had existed for 10 years before treatment was instituted.

The following conclusions are reached by the author's studies:

1. Psoriasis is not a purely local disease of the skin, but has constitutional relations which are most important.

2. Psoriasis is not a parasitic disease of the skin, in the usual acceptance of the term; it is not contagious.

nor has it a definite micro-organism. But probably the immediate lesions on the skin are caused by the growth of some of the ordinary micro-organisms usually found on the skin, which take on a pathogenetic action when the soil is suitable.

3. Psoriasis can not be cured permanently by local treatment alone, although when properly directed this is commonly capable of removing existing lesions, which are likely to return.

4. In some instances in which local treatment seems to be followed by success, the eruption may be seborrheic dermatitis, which in some of its phases closely resembles psoriasis.

5. Hereditary influence is a relatively unimportant factor, not operative in more than one-quarter of all cases: even in many of these instances but one child may be affected among many healthy children.

6. Psoriasis is not a late manifestation of syphilis.

7. There is no one tangible internal cause of psoriasis, though faulty metabolic changes are probably at the bottom of every case, and these may be induced in many ways.

8. The repeated and thorough volumetric analysis of the urine is a most valuable aid in determining the line of proper treatment in different cases, and at different times.

9. There is no one internal remedy universally of value in psoriasis, although arsenic is the single agent of most service in the greater number of instances. Arsenic is safe, if properly used, and may be taken for a long time with only beneficial results: but it commonly requires to be employed in conjunction with other internal measures, or alternated with them. In acutely developing psoriasis it often

acts badly, increasing the eruption.

10. In a large share of cases alkalies, if properly used, are of the greatest value in psoriasis.

11. The avoidance of meat, or an absolutely vegetable diet, is a most valuable aid in treatment, and sometimes will be attended with freedom from the eruption.

12. Psoriasis is an exceedingly chronic and rebellious disease and effective internal measures must be continued for a long time, generally for at least two years, to ensure a cure.

13. Local treatment is of the greatest value in the removal of the eruption present, but its temporary success should not interfere with the persistence in proper internal measures for a length of time, even when no eruption exists. The eruption can also disappear under the strictest proper internal treatment, without the aid of any local measures.

14. The x-ray is a most valuable adjunct to local therapeutics, and is sometimes capable of removing chronic lesions even by means of a single application.

Libelous Condemnation.

The courts of Louisiana are called on to decide a peculiar case involving a question of medical ethics, and libel for a commendatory notice of a physician.

Learning that a reputable physician of New Orleans had effected a remarkable cure, a newspaper in that city published, without consulting the physician, a glowing account of what he had done. Thereupon the physician, without denying in any particular the facts of the publication, brought suit for libel on the ground that such a publication was calculated to injure

him professionally by giving rise to the belief that he had violated the ethics of the profession in advertising his skill, and thus placing him in the category of the "quacks." The trial court overruled his contention and threw the case out of court, but the supreme court reverses this decision, holding that there is a cause of action and that the case must go to trial on its merits.

The question is of interest and its decision may be the means of our being able to distinguish between the really ethical members of the profession, whose names occasionally get into print through no connivance of their own, and those of our number who secure a little cheap advertising by interviews and allowing their work to be so reported.

Causes of Inefficiency in Practice.

Dr. J. B. Roberts enumerates 'Some of the causes of inefficiency in medical practice, in a paper read before the Penn. Med. Society. (Pa. Med. Jour. Nov. '06). Under each of the headings (given below) he presents arguments and in some illustrative incidents as reasons why it acts as a cause of inefficiency.

Lack of equipment for prompt service.

Carelessness in observation.

Indefiniteness in giving orders.

Want of self-control and tact.

Failure to appreciate the value of common remedies.

Insufficient doses of medicines.

Mrs. Browne—Our little George got "meritorious commendation" in school last term.

Mrs. Malaprop—Ye don't say? My! ain't it awful what queer diseases children ketches in school these days?"

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SAMPLES SENT BY EXPRESS PREPAID

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Hiccough.

The editor of the N. Y. Medical Journal (July 7, 1906) notes a remedy for this troublesome symptom taken from the *Semaine Medicale* in a small pinch of sugar moistened with vinegar. The simplicity of the remedy raises the question of suggestion, but it was given in a severe case without the patient's knowledge of its use, with positive results. It can be as easily tried as drinking nine swallows of water without stopping to breathe, and will do no harm if it does no good.

A man ran into a physician's office in St. Joseph, Mo., the other day and said a man had swallowed a two-foot rule and was dying by inches. The doctor said that was nothing as he had a patient once who swallowed a thermometer and died by degrees. A cou-

ple of patients chipped in, one saying it reminded him of a fellow in Texas who swallowed a revolver and went off easy, and the other said he had a friend in Manitoba who drank a quart of applejack and died in good spirits.

"I know that within a few hours and in obedience to physical law the rosy streamers of the dawn will flood the gates of the morning and, full-orbed, silently majestic, the great sun will cross the horizon line, mount to the zenith and through the flaming meadows of the sky roll swiftly to its bed of gold, while the shadow horde, from out the East, stealing stealthily across the sky will close the gates of the night against the fading beauty of the day."
—From the address by H. P. Wilson, *Mediapolis*, in *Iowa Med. Journal*.

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EDITORIAL.

Preparation for Specialism.

The specialist has received considerable attention from writers for the medical press for the past few years, and in one respect there has been a remarkable unanimity of opinion. This is that no one should take up a branch of medicine to the exclusion of all others as a specialist in this particular field, until he shall have been a number of years in general practice. Specialism should be rather a growth in the direction of the field to be occupied, influenced by environments, adaptability on the part of the specialist to its requirements and natural inclinations towards it, than a cold set purpose to enter it for other reasons. The arguments to sustain this proposition are cogent and logical, and are well known, and will not be reproduced here.

In a recent issue of medicine A. L. Benedict, of Buffalo, combats this view in an article "Electives in the Medical Course and Preparation for Specialism." While we still hold to the opin-

ion that the specialist should practice general medicine for a while before assuming the role of a specialist, the articles in question gives strong arguments in favor of a different course.

The author acknowledges the informal basis on which specialism rests, and the necessity for some check upon it. The difficulty is in suggesting an adequate legal one. His suggestion is to modify the medical course by elective studies, while admitting the idea of training students to high standard in all branches, the desirability of and necessity for elective studies presented in the present conditions of medical teaching in comparison with a generation ago, viz: higher preliminary educational requirements, increase in length of terms, increase in number of faculty and branches taught, preponderance of recitations, and clinical and laboratory work required over didactic lectures, in teaching by professors instead of by practitioners with professorships as a side line. Dentistry and Pharma-

cy, medical specialists, are eliminated by elective studies and made independent professions. Ophthalmology might be, but its advisability is questioned.

The object of an elective system is rather to enable ambitious students to extend their knowledge, than to avoid effort by the majority. The standard medical course cannot be abridged without detriment except in few instances.

In every department the aim should be to teach principles thoroughly, to teach facts of an arbitrary nature with a view to their practical utility, and to bear in mind constantly that every burden of arbitrary, useless detail that can be removed leaves the student with just so much more mental strength and enthusiasm for really valuable medical lore.

Medical colleges should have extension along elective lines. Each specialist in the faculty might be required to give two courses of lectures, one superficial for the general practitioner and one going into fuller details for the student proposing to follow the specialty, no student being allowed to take more than one of the latter courses. The estimation is made that from one-fourth to one-third of the student's work might be eliminated by elective studies.

Considering these propositions in their sum total, there is much to commend them. Any measure that reduces the time and labor of the medical student in securing a knowledge of the principles of medicine sufficient to enable him to apply them to practice, should be hailed with pleasure. The weak point in the scheme presented for turning out specialists direct from the college is the lack of practical experience not only in the chosen specialty but in general medicine. The specialist is supposed to know more of his branch of

medicine than the average practitioner. To be an authority, and this the specialist should be, especially in his relation to the general practitioner, requires that he be an all-round physician. The different organs of the body are too closely blended in their several physiological actions to be ruthlessly separated in pathologic states of one or more of them. The great advances made in clinical and laboratory work in present day teaching prepares the student for actual practice better than the old time didactic lectures, but even this does not take the place of personal experience by the bed side. It is this experience in treating all classes of diseases that is essential to the well rounded physician, and should be attained before the essaying the role of the specialist. There is no objection to elective systems that will eliminate much of the useless details, or that will give the ambitious student opportunities for becoming more proficient in certain lines. Yet when this is done, a few years in actual practice, apart from college professors and on his own resources and responsibility, will accomplish more in giving a practical conception of medicine as a whole than any elective system yet devised.

The Southern Clinic and Diphtheria Antitoxine.

The editor of the Clinic takes exception to an editorial in the September issue of the JOURNAL criticizing his position on the question of the use of antitoxine. The chief complaint is that I missed his meaning in the original article, and misquoted him in order to make an adverse criticism, either intentionally or through criminal carelessness. This last is a serious charge, and one which I deny. If there was a

misquotation it was unintentional, and a rereading of both editorials fails to show me a misquoting of the spirit of the editorial in question. The quotations were mere abstracts, with no attempt to give the exact language, and I gave the ideas truthfully as the reading of the editorial impressed me and as it impresses me now.

Our Brother Bryce insists that I shall answer the question he is trying to solve fairly and squarely, viz: "as to the real *specific value* of antitoxine and the *criminality of physicians in not using it both in simple cases of diphtheria and immunizing persons exposed to infection.*" In answer to this I would say that I do not consider it a specific, but that it comes nearer to it, than any other one remedy of which I know, and a physician is not criminal in not using it. Another question, if limited in my remedies to antitoxine on one side, and other known remedies on the other, which would I choose? Were such a dilemma forced upon me, I should unhesitatingly choose the antitoxine. Further I will say that if he will make intelligent use of the remedy, which the reading of his editorials indicate he has failed to do, I believe he will reach the same conclusions.

J. D. ROBERTS.

A Medical Pot-Pouri.

About the question of feeding infants of which I have written elsewhere in this issue, a phase of the subject has been presented personally two or three times recently that deserves consideration. One case as an illustration of the point to be presented: A refined, well educated, highly cultured woman, wife of a well to do citizen, applied for directions to prepare food for her three months old baby. She wanted full in-

structions as to sterilizing the milk, quantity, percentages of fat, sugar proteids, etc., for different stages of the child's age. There was absolutely no physical reason with either herself or the child why the child should be weaned. Her repugnance to nursing was not pronounced though present to a slight degree. The demands of society upon her time were not great, and she did not urge this as her reason for desiring to pursue this course, but stoutly argued that the physician's skill could concoct a more suitable diet for the child than nature had supplied. She had visited friends elsewhere, had been supplied with literature on the subject of infant feeding, had seen it demonstrated in the home of her friends, and made her request in all honesty and sincerity.

Other cases not so pronounced as this, but who are adverse to nursing their infants, apply for aid in feeding them for very flimsy excuses. In some way they have learned that there is great improvement in the plan of feeding and caring for children by artificially prepared foods, and demand them of the profession. The question arises are we not yielding too much to this demand, and for insufficient reasons?

The scientific study and preparation of artificially prepared foods for infants, when they are legitimately deprived of the mother's milk, is all right, and we most heartily commend it, but let us be careful that our knowledge of the subject is not used to a sordid purpose thereby making the profession a party to a "fraud."

Long pauses between attacks of gastric or abdominal pain speak in favor of cholelithiasis.—*Am. Jour. of Sur.* . .

In the enumeration of the headings of Prof. Roberts paper noted in the Abstract Department, there is one that impresses me very forcibly, viz: Failure to "Appreciate the Value of Common Remedies." Our neglect of common remedies is deplorable. It is detrimental to both our patients and ourselves. The most important desideratum in getting well and staying well is attention to hygienic surroundings, and yet we are prone to overlook this in our directions to our patients. As Prof. Roberts says, "It is better to scrub the back yard with a broom and hang out the wash on a flat, than to depend on a masseuse for exercise and the druggist for one's appetite. "In little things, the loss of sleep as retarding convalescence is also mentioned, and the little things that will produce sleep better than bromides and chloral are advocated, such as fresh air, the accustomed pipe, etc. Quantities of water will often flush out the kidneys better than an official diuretic. A case of this kind is now called to mind occurring in my practice a few years since. A lady applied to me for some slight ailment in which I considered there was a deficiency of urine secreted. I found that she was drinking almost no water. I directed that she drinks three or four pints of water each morning between breakfast and the midday meal. Two days afterwards she again applied to me somewhat impatiently telling me she was unable to pay for medicines, and she wanted relief. I gave her four ounces of water with a tablespoonful of common salt dissolved in it, with a few drops of Tr. Nux. Vomica to give it a bitter taste, with directions to take a tablespoonful every hour. She did so, drank water in large quantities and was promptly relieved. I am sure we do

not appreciate the value of water in our practice.

Our want of exact knowledge of any disease or set of symptoms can be pretty effectually gauged by the remedies and combinations of remedial measures proposed for its relief. If we accept this as a criterion, chronic constipation is a veritable *be te noire* to the profession. It is a hydra-headed foe appearing with more frequency and in combination with more diverse troubles than probably any other one symptom with which we have to contend. Not only is it found as a symptom or in combination with diseased conditions of other organs, but it is often the only symptom present. It is all very well to advise that we search out and remove the pathologic condition producing the constipation, but there are none of us but what have found that this is easier to said than done. Of late years the trend of opinion is to rely less on medicines and more on dietary and hygienic measures for its relief and the more we do this, the better permanent results we will have. Not that we can abandon medicines entirely, but they must be used more as adjuncts to treatment. In my own practice I have accomplished more by insisting upon cultivating the habit of regularity in defecation than any one measure. I insist that patients troubled with constipation shall select some hour of the day for a visit to the water closet, and that nothing shall interfere with this habit. A laxative a few hours before the time selected, and a glycerine suppository or a high colon flushing with warm water at the time selected, are occasionally advised. This last measure to be used only in case of failure to secure an evacuation without it.

Electricity as a remedy for constipa-

tion is not a new remedy, but a different application, and more effectual has been suggested within the last year or so. The bowels are first distended with a quantity of normal salt solution, as much as the patient can well bear, and then a properly protected electrode with only the tip exposed, is passed in the rectum and connected with the negative pole of a galvanic battery. The positive pole is connected with a large abdominal electrode and sufficient current given to be slightly unpleasant. The water within the bowel acts as a conducting electrode applying the current directly to its inner coats more effectually than any means so far devised. A limited experience with its application in this manner induces me to look upon it with favor.

The Feeding of Infants.

The problem of feeding the infant is a complex one, and the writings on pediatrics do not give material aid to the general practitioner in solving the question, at least to the older members of the profession that have not kept pace with laboratory methods of later days.

Generally the writer is in a city convenient to hospitals, laboratories, and milk depots, practicing among wealthy or at least well-to-do people, financially able to secure the proper treatment of the milk to be fed, or if too poor for this, arrangements can be made to secure the milk ready prepared from a laboratory milk depot.

Again the directions given for preparing cows milk are entirely too complex for the average physician to grasp, or for him to take the trouble to study out and understand. Few of us with a practice of twenty-five years behind us care to go into algebraic equations or

long arithmetical calculations in order to understand how much cream, sugar, milk and water are to be mixed to make a day's feeding, and fewer still of the average house wife will understand and follow the directions of percentage formulae.

We are given too many formulae and they are too diverse in reasonings by which conclusions are reached. The suspicion arises here that the pediatricists are not fully agreed among themselves, as to what is essential. This suspicion is very much strengthened by the number of papers written on the subject, and by the efforts to simplify calculations and percentage mixtures. For this last we older ones of the profession are grateful, and will appreciate some decided advice on the subject, provided it is simple. It is not complimentary to us that we will not take the time and study necessary to master these calculations and understand the subject well enough to write feeding formulae for our patients, but the fact remains that but few of us do it.

If a bit of slang can be pardoned we would say that it is "up to" the pediatricist to settle the question among themselves, and then give the profession the benefit of their studies. That this phase of the question has engaged the attention of the specialists on diseases of children is shown by a paper presented to the American Pediatric Society at its last annual meeting, by Prof. L. Emmett Holt. (*Archives of Pediatrics*, Nov., 1906). Prof. Holt pleads for a remedy for the state of confusion existing, and makes some pertinent suggestions himself. The prime consideration is contained in the following extract taken from the article in question:

"To prescribe milk with anything approaching exactness, it is then indis-

pensable that one shall have some definite knowledge of a few important things, such as the approximate percentage of fat in the various creams used, and in the top-milk removed from a quart bottle, when one-fourth, one-third or one-half are taken, and the differences in all of these when derived from a rich Jersey milk and that from mixed herds with which we have more often to deal.

Given such knowledge as this, to reduce any milk formula to approximate percentages of fat, sugar and proteids becomes a very simple matter. I suppose we all have our own ways of doing this. My own is to multiply the percentage of fat in the milk by the number of ounces of milk called for in the formula, and divide by the total ounces in the formula; *e. g.*, there are in a formula calling for 40 ounces, 10 ounces of a 10 per cent. milk; $10 \times 10 = 100$; this divided by 40 $= 2.5$, the per cent. of fat in the mixture. The sugars and proteids are calculated in a similar way. Proteids in a 10 per cent. milk equals 3.30; $10 \times 3.3 = 33$; divided by 40 $= .8$."

Holt further says that the hope of the future in infant feeding is with the students of medicine, for the busy practitioner has neither the time nor the disposition to master even the few essential details of percentage feeding. The following are the things upon which there should be substantial agreement among us. (Pediatric Association).

(1) The normal range of milk percentages borne by infants.

(3) The approximate percentage composition of the milk, cream and top-milk which are being used in feeding.

(4) The simplest possible method of

obtaining the percentages desired from these ingredients.

(4) The necessity of translating at once into percentages any milk formula the patient may be using, and a simple method of making such a calculation.

The discussion that followed Prof. Holt's paper threw but little light on the main question. Most of the speakers while endorsing the paper turned their attention to the percentage of fat in the problem of feeding, practically all agreeing that it should not be over four, many claiming that less than four per cent gives better results.

Southern Hospital Development.

By leaps and bounds the South has gone forward during the last two decades and we are gratified to note the many well equipped hospitals that are now being built and run successfully by Southern doctors. Perhaps Richmond, Va., enjoys the distinction of having within her borders the only hospital in the United States that is devoted solely to Internal Medicine and Nervous Diseases. This institution is The Hygeia, the Private Sanatorium owned by Dr. J. Allison Hodges, a gifted son of The Old North State. This institution during the past summer was enlarged and thoroughly overhauled and improved and is now as fully and modernly equipped as any private hospital in this country having a capacity for forty private medical cases.

A solution of sugar in vinegar is recommended as the quickest relief for lime in the eye. The sugar forms an insoluble compound with the lime. A few drops should be introduced, and the eye washed with plenty of water.--*Monthly Encyclopaedia.*

Editorial Notes and Comments.

Defectives and Marriage.

From a newspaper press report we learn that the American Stockbreeders Association has turned for the moment from the consideration of breeding fine bulls, blooded horses, and improved hogs, to the culture of the human race. A committee has been appointed with Dr. Alex. Graham Bell, as chairman, on engenic. Prof. Chas. B. Hender-son, of the sociologic department of the University of Chicago, a member of the committee, explains that its immediate object is "to spread information in regard to the ill effects of the marriage of defective persons, including 'imbeciles, idiots and feeble-minded.' Insane persons, confirmed drunkards and moral degenerates are to be restrained in colonies and kept from marrying."

The medical profession should most heartily assist in any measure that will reduce the evil effects of the marriage of defective persons, for none see and realize the full significance of harm produced by such marriages than do its members. The course contemplated by the committee is probably the best to be pursued, viz: education of the people to a knowledge of the danger in such marriages.

Railway Disasters.

In a well digested editorial the Central States Medical Monitor for November deals with a possible cause for Railway Disasters. Brought down to a nutshell we might put it as over-worked railroad employees, but several features in connection with this state of affairs are noted. Old men with their experience are pushed aside for young men of education and strength (physi-

cal and presumed mental) often to the detriment of the service, as it requires experience to cope with emergencies..

The over taxation of the nervous system probably renders it less competent, or perhaps produces a functional disturbance resulting in a momentary incompetency. The young man is physically able to go to greater extremes and corporations get more work out of him, but does the brain get the required rest?

The disturbances of vision of the tired brain are noted, and the necessity for more extended observation on the part of the alienists suggested.

The presence of an epileptoid condition of the engineer producing a momentary unconsciousness may be a factor in a railway accident and instances of such conditions are given.

The taxing of the physical strength and the nervous system of the railway employee, beyond the limits of prudence, and the dangers attending such a course has been advanced before, but can not be too often impressed upon both the public and corporations, and as it is a medical question, in many of its bearings, the physician has a duty to perform in raising a voice against such an abuse.

This brings up one other point alluded to in the editorial under consideration, viz: the demand of the public for rapid transit, in its ignorance of the nerve tension required on the part of the engineer to perform the duties incumbent upon him. This strain is unnatural and will produce brain injury because the brain is forced beyond endurance.

Southern Medical Association.

This is a new organization effected at Chattanooga, Oct. 3-5, by the Tri-State's Medical Association of Alabama, Georgia and Tennessee, with delegates appointed by the Presidents of State Societies of Florida, Louisiana and Mississippi. The Tri-States Society (Ala., Geo., Tenn.) goes out of existence. The new organization is to be the Southern District Association of the American Medical Association and members of the State Associations are eligible to membership. Kentucky, North and South Carolina State Societies will probably be asked to unite with the new society.

The President is Dr. H. H. Martin, of Savannah, Ga., and the Secretary is Dr. Raymond Wallace, of Chattanooga, Tenn. Its annual meetings will be held for three days commencing on the first Tuesday in October of each year.

Consolidation of Medical Journals.

The three Medical Journals heretofore published by E. G. Swift, (Parke, Davis & Co.) viz: Medicine, Medical Age and The Therapeutic Gazette, will be consolidated January 1, 1907, so the

publishers announce. The two first named will be merged with The Therapeutic Gazette, under the title of The Therapeutic Gazette, incorporating Medicine and Medical Age. Drs. Hobart A. Hare and Edward Martin, the present editors of the Therapeutic Gazette will remain as editors of the consolidated publication.

Medicine has been one of our most valued exchanges and we regret to lose it.

Accomplishments of the Specialist.

Under the head of Specialism, Bodrens writes an editorial for his Journal, (Medical Mirror, Oct. 1906), in which he lays special stress upon the unpreparedness of so many physicians setting themselves up as specialists. The public does not know that the man fresh from college is not prepared to do work as a specialist and cannot discriminate between competent and incompetent men. He accentuates the idea pretty generally acknowledged as the correct one, that no man can be a specialist in any particular line of work, unless he be well versed in general medicine.

SELECTED PAPERS.**Notes on Headache.**

By H. S. Hedges, M. D., Charlottesville, Va.

The advertisements that deface the rocks and trees of our roadsides, that fill the columns of our local press, that teem even in the columns of our medical journals tell all that we are a nation of headache-sufferers. The sale of headache "cures" has grown to enormous proportions. A circular received a few days ago from ——— stated that the sale of one of their preparations in the past ten years had aggregated the

enormous amount of 580,000,000 doses and was constantly on the increase. We all know that the number of such "cures" is legion.

For the alarming increase in the use of such drugs the prescribing druggist is partly responsible, the patient who is always asking "What is good for so-and-so?" and who is always wanting to be "taking something" is still more responsible; but at the last no small part of the responsibility lies at the door of our own profession.

The causes of headache are often so complex and deep seated, so hard to find out, and to relieve when found out, and so interwoven in the intricate fabric of our complex modern life, that too often the tired and over-worked practitioner fails to try to find out the cause of the trouble, gives a prescription for anti-this and anti-that. The patient finds relief for the time being, and when the trouble recurs goes back to the druggist for the same prescription and recommends it to his friends—all to his own, his friends', and the physician's detriment, and the great profit of the patent medicine man.

To classify headaches accurately as to their cause is not possible, as so many of the classes will overlap each other; but the following scheme will help to give order to our thoughts:

CAUSES OF HEADACHE.

1. Disturbances of Nutrition.

A—Congestions and Toxæmias, Constipation, Gout and Rheumatism, Uremia.

2. Toxæmias, due to

(a) Acute Infectious diseases, as small-pox, measles, meningitis of all sorts, grippe, malaria, etc.

(b) Chronic Infectious diseases, notably syphilis, tuberculosis—

3. Presesure on Brain, and vascular disturbances.

4. Reflex, from the eye, ear, nose and accessory sinuses, gastric disorders of menstruation, and other troubles arising from organic or functional trouble in the pelvic organs.

5. Migraine.

I—*Disturbances of Nutrition.*

Under this head we find two well-defined classes *anaemic and congestive headaches*, the latter usually associated with toxic conditions.

The anaemic type is usually found in

chlorotic girls, and nervous, run-down women—it is usually referred to the top and back of the head, it is usually dull in character, though sometimes described "as if an augur were boring into the head." It does not seem to stop even during sleep, and even after an apparently sound rest the patient will awaken with the headache as bad as ever.

Here we may fairly class the so-called neuralgic headache, that is a headache due to pain referred directly along the sensory nerves of the face or scalp. Of these the most common offender is perhaps the supra-orbital, a type common in chronic malarial affections. Another set of nerves that often offend, and is often overlooked, is the cervical plexus, including the cervicalis major, a large nerve that emerges just to the outer side of the trapezius muscle. The auricular branch of the plexus is distributed over the mastoid region. In the past two years I have seen several cases of violent headaches referred to this region, with such exquisite tenderness over the tip and other parts of the mastoid process that they were referred to me for mastoid operation. All were in women, in thoroughly anaemic, run-down condition. One gave a history of having had a double suppurative otitis media, and another had a chronic catarrhal otitis media, complicated with a large sore blister over the mastoid process. But in all these cases the general condition of the patient, the history when carefully inquired into, and the way in which the pain could be traced from the point of emergence of the nerves over the region affected was sufficient to make a diagnosis.

To relieve the pain of such cases I know of nothing equal to the mild gal-

vanic current, applied with the positive pole over the point of emergence of the nerves and the negative over the seat of the pain, using a current of from six to ten milli-amperes from ten to fifteen minutes daily. If no meter is at hand, the full current from ten to twenty ordinary dry cells will usually be sufficient, applying the current as strong as it can be borne without too much discomfort. Its application is followed by almost immediate relief.

This with rest, forced feeding, and out-of-door treatment gave most gratifying results in all the cases. All when first seen had been taking anodynes in large quantities; the use of the battery enabled me to stop their use at once; and beside relieving the pain I believe that the current has positive curative effects in these cases where the nerves are suffering from lack of nutrition. For neuritis troubles in general, I know of nothing so satisfactory as the above line of treatment.

The Headache of Nervous Exhaustion—is found both in the overworked housewife, and the nervous broken-down business man, who bolts his meals, rushes off to the office, is under mental and nervous strain all day and then carries his business to bed with him. These headaches are referred particularly to the back of the head and neck.

In all these cases the pain seems to be due entirely to poorly nourished nerves and nerve centres; the nerve centres are poorly fed and overworked, and only by relieving these conditions can we really benefit our patients. Anodynes are worse than useless.

Headaches due to Disturbances of Digestion—form another large class in which the anaemic, congestive, toxic and reflex types are all represented.

Dyspepsia has been well called "our national disease,"—a meal bolted in a hurry, half chewed, washed down with fluids to take the place of saliva and left in a stomach whose blood supply has been called away to meet other demands, cannot possibly be properly digested. Not only will such food supply a poor quantity of nourishment, but the products of imperfect digestion will act as poisons in the system, and next day we find the furred tongue, general languor and the dull depressed headache so common among our dyspeptics.

We all recognize the congestive type that follows over-eating and under exercising.

Chronic Constipation—should be mentioned as a common cause in this connection.

In persons of Gouty or Rheumatic tendency we often find a congestive headache, due probably to poorly eliminated and improperly oxidized product.

These are often spoken of as "Uric Acid Headaches."

In many cases of kidney trouble, especially those associated with a general arterio-sclerosis, headaches are frequent and violent. A blinding headache associated with the albuminuria of pregnancy is a danger signal that no one should ever overlook.

II *Toxaemias*—Directly associated with a large number of the Acute Infectious diseases we find headaches probably due directly to the toxin of the disease. It usually accompanies the onset of the trouble; so it is marked in the beginning of typhoid fever, small-pox, measles, grippé, tonsillitis, violent in epidemic meningitis.

The fever stage of an acute attack of malaria is almost always accompa-

nied by a severe headache, and we frequently find a patient who has had chills and fever suffers from periodic headaches long after the acute attacks have passed away.

In all these cases the pain is usually diffused, usually dull and heavy though sometimes throbbing and violent. If accompanied by much fever, the ice cap often gives great relief, but in many of these cases we must use anodynes till the acute stage has passed off. Of the Chronic Infectious Diseases, Syphilis is often responsible for much trouble. The severe headaches are usually found in the late secondary and tertiary periods. They are apt to occur at night. The free use of the iodides combined with the bromides will usually overcome them; and at the same time often clear up a doubtful diagnosis; but if due to a true osteitis, or to an endarteritis, they are often violent and hard to manage.

Severe headaches associated with general tubercular trouble will make us fear meningitis.

III. *Increase of Intracranial Pressure*—is almost sure to bring on headache. We note intracranial tumors, thickened meninges, old depressed fractures, clots, etc. These cases are frequently violent and intractable, and exact diagnosis of the cause cannot be made till the pressure is beginning to injure some of the nerve centres or routes.

The types thus far mentioned are usually more apt to occur in adults than in children, except in the case of the acute infectious disease.

IV. *Reflex Headaches*—are those due to irritation or strain of a distant organ. Eye strain is perhaps the most common of all these reflex causes, and often the least recognized. They may

be classed as refractive, accommodative, muscular, neurasthenic, and those due to disturbance of intraocular tension. They are most common in children and young adults, and tend to pass off as presbyopia approaches.

(a) *Refractive*. The severity of an eye headache often bears but little proportion to the amount of refractive error. We often see delicate women with marked ametropia who never suffer in the least from prolonged use of the eyes; again we find athletic men whom an apparently insignificant error will utterly incapacitate for any steady work of any kind.

If the headache be due to the use of the eyes, the patient usually awakes free from it, unless they have been working late the night before, when the headache is often severe on awakening and will often pass off during the day. It usually begins about eleven or twelve o'clock in the day—often starts with a little discomfort in the eyes; then there comes a dull pain in the superciliary region and through the temples. Often a little rest will stop the pain, but if work is persisted in the pain will gradually increase till the sufferer is obliged to close the eyes, and get into the dark. At times the pain is referred back to the ear, and at others to the occiput and back of the neck.

(b) If due to muscular imbalance, pain is often referred to the occiput, or along the course of the muscle or group of muscles that is especially weak; so in insufficiency of the superior rectus the pain runs up from the brow toward the vertex; of the external rectus, back through the temple; while insufficiency of the interni is referred to the base of the nose. The latter is the most frequent type. With it

we often find that not only do the eyes and head tire quickly, but the patient often complains bitterly of inability to concentrate his thoughts. They often find relief from pressure with the finger tips in the inner canthi.

If the above be combined with astigmatic error, especially in eyes with keen vision, the headaches are frequently periodic. The patient will go for days or even weeks in perfect freedom, but often the longer the intervals between the trouble, the more violent the headache when it comes.

In all such cases, careful refraction under a cycloplegic is our only remedy. If in doubt as to whether or not the trouble is refractive, it is sometimes best to put the eyes under the influence of atropin for a week or two. If the pain clears up while the patient is atropinized, the trouble is almost surely refractive.

(c) Normal eyes will ache if over used *when presbyopia begins to set in*, but in some cases presbyopia seems to come on before its time. We never like to give such cases a presbyopic glass, but are often compelled to do so to relieve their symptoms.

(d) We find another class of eyes that show no error of refraction, accommodative, or balance, but light is trying to them. No fundus lesion can be seen. They are comfortable so long as the patient does not try to do any close work, but headache sets in as soon as he does. In many of these cases all that we can say is that the eye is weak, and aside from general hygiene we can only forbid the use of the eyes for close work.

(e) *Headache due to Disturbances of Tension.* There is a large number of severe eye headaches due to glaucoma and iritis. The pain is severe and

prolonged, often associated with so-called "bilious attacks," and too often the patient has to be content with a diagnosis of "neuralgia" or "cold" while meantime grave changes are taking place in the eye that will ruin its usefulness forever.

Again and again we see patients who tell us that they had a bad bilious attack, took cold, and neuralgia settled in the eyes, and that when the neuralgia was gone, so was the sight. In such cases too often the pain alone is the symptom that is treated, and the disease in the eye as the possible cause of the trouble is entirely overlooked.

I shall never forget the gratitude of an old lady living near home who had suffered from "neuralgia headaches" till the left eye finally actually burst from the tension. Relief to the pain of course followed.

When the "neuralgia" began in the other eye, she consulted the writer, and an immediate and broad iridectomy relieved the pain and restored the sight.

In all such cases study out the cause carefully, and if in doubt, do not hesitate to call in a consultant.

Headaches of Aural Origin—are danger signals that must not be neglected. Usually they are one-sided, radiating from the mastoid and temporal regions, much worse at night and after lying down. If a patient has had an acute otitis media, and the discharge has been free, later the discharge lessens and headache sets in, it nearly always means that the deeper structures are being invaded, and that prompt operation is needed.

In many cases of chronic otorrhoea we find much dull headache—perhaps due to absorption of septic products, or even pressure of cholesteatomatous

masses. Persistence of headache in such cases, especially if one-sided, or accompanied by dizziness or liable to increase on "taking cold" or any unusual exertion, is a fair indication for the radical mastoid operation.

Headaches due to trouble in the Nose and Accessory Sinuses.: When the headache comes on with a cold in the head, especially if due to grippe, is neuralgic in type, aggravated by stooping over, and located in the lower front part of the forehead and base of the nose, the trouble often is found in swollen turbinates, especially the middle, pressing on the septum or the lateral mass of the ethmoid. Such headaches altogether incapacitate a man for work—make him dull and stupid, without power of concentration of his thoughts. The pain is often violent. Diagnosis can often be made by the relief obtained from painting or spraying the middle turbinate with adrenalin and cocaine. The relief is often magical, but we must be very careful about giving such remedies to our patients. In acute cases we can often relieve the trouble by using a hot nasal douche of normal salt or bicarbonate of soda—teaspoonful to the pint—after we have applied the cocaine, and following this with an oily spray of a 1 per cent. sol. of camphor and menthol. If however there is organic thickening of the turbinate or bad spurs on the septum, surgical removal is the only real benefit. In all operations on the middle turbinates, however, we must be very careful not to remove too much. Often after the removal of perhaps the anterior 1-3 of the bone the sufferer will be greatly relieved at once, but in a day or two he will return saying that there are still some other points of contact and asking that these too be removed. Having

found the relief from the removal of the main pressure, he is intolerant of small points that he did not notice before. He will often insist on the removal of the turbinate, and will be very impatient when we advise him to wait for these little contact points to shrink in the healing process. But if we ever allow his importunity to prevail, the dryness of throat and nose that will follow will be worse than the original headache.

Closely associated, and often together, we find headaches from empyemata of the accessory sinuses, maxillary antrum, frontal sinus, ethmoidal cells and sphenoidal cell.

These headaches usually follow an epidemic of grippe. It is characteristic of them to act like "Neuralgias," and many a neuralgia is simply the pain caused by confined pus—the pain will come on at a regular time every day, last for a few hours very severely, and then disappear for the rest of the day, leaving only a little soreness over the affected area.

The pain is always increased by stooping, coughing, or increasing the blood-pressure in the head in any way.

If due to pus in the maxillary antrum, the pain is usually worse in that region; trouble in the sinuses is referred to the lower part of the forehead, while trouble in the ethmoidal cells, or sphenoid is hard to locate.

Sometimes the pain of the latter is especially referred to the occiput.

There is perhaps no class of headaches so often dismissed as "Neuralgias"—their periodicity, violence, reference of the pain along the branches of the fifth nerve all point to it. In the beginning, the pain is probably due to pressure on the nerves from the swollen mucous membrane, or to a peri-os-

teitis in the canals through which the nerves pass. Later it is due to increase in the peri-osteitis and pressure of the confined pus.

If the pus is quickly emptied, relief and recovery is usually rapid; if allowed to remain, chronic suppuration of one or more of the accessory sinuses is almost sure to follow, with necrosis as a final result.

The headaches in these cases, especially if the trouble lies in the ethmoidal or frontal sinuses, is of an exceedingly depressing character. The mind is dull, the patient despondent, memory fails, and the patient is often utterly incapacitated for any mental work.

Diagnosis can usually be made from the history, location of the pain and tenderness, aided by a nasal examination such as every physician should be able to carry out. It cannot be done without familiarity with the use of the head mirror, but our younger men at least have no excuse to plead ignorance on this point.

Again I would repeat that treatment in the acute stages is usually easy and satisfactory; in the late stages, after necrosis has begun, usually prolonged and difficult, and we often must stop short of complete relief.

In many of these cases there is no small danger to life.

Headaches of Gastric Origins are sometimes probably reflex. We are all familiar with the severe migrainous type that often so quickly follows an attack of hyperacidity.

Functional disturbances of the uterus and ovaries are often a prolific source of headaches. Preceding menstruation we often find a severe congestive type, usually located on the top of the head, and frequently confined

to a small area. Patients often describe it as if "a stone had struck the top of the head, and lodged there."

The same kind of headache is often found in neurasthenic men, especially if given to sexual excess or masturbation.

V. Migraine: There is still another class as to whose cause we are often entirely in the dark, and to call a case of headache "Migraine" is often a confession of ignorance; still as we study these cases the ones of unknown origin become steadily fewer and fewer.

The typical migraine is probably a vaso-motor neurosis, of two types: showing first, a contraction of the arterioles from sympathetic irritation—pale face, shrunken eye, and dilated pupil: then the opposite condition, flushed face, injected eye, and contracted pupil.

It is often hereditary, more common in women than in men, and sometimes alternates with other neuroses, as asthma and neuralgias. It is usually accompanied by nausea, and often ends after a free attack of vomiting. Attacks often last for six to twelve hours, or even longer, and in many cases we are compelled to use anodynes. Of the various anodynes, codeine in combination with caffeine has been most serviceable. I have known it to be used for years with steady relief, and no increase in the amount needed.

As age advances, the severity of the attacks tends to grow less, and they frequently disappear in men between the ages of 45 and 50, and in women after the menopause.

We frequently find marked auras preceding an attack, especially visual. One patient, an artist, used to describe hers thus: "Objects will begin to take on a purplish hue; then millions of in-

infinitesimal bright specks will begin to scintillate before me, and presently they will begin to whirl as if moving in a vortex, at whose center a bright light will gather which finally seems like a blazing purple meteor. Finally this will burst into myriads of pieces, and with the explosion will come a severe paroxysm of pain."

Fortunately many of these cases are found to be due to removable causes. Of these perhaps the most common have been errors of refraction, or muscular imbalance. Many others are corrected by careful hygienic measures.

Many are corrected by careful hygienic measures. To relieve a patient by such means calls for the highest possible skill on the part of the physician. It means the most painstaking physical examination, and careful regulation of the whole life, but it is just such cases that should spur us on to leave no stone unturned to get to the bottom of the trouble.

These incomplete notes have been written not to tell anything that is new, but only to call to remembrance that with which you are already familiar. To urge upon all of us the importance of studying our cases of headaches, and to try to treat the underlying causes and not the headache only, which after all is but a symptom.

I cannot refrain from quoting the words of a patient I saw in the office to-day, April 18th: "I have suffered from headaches and neuralgia for years, have had several teeth pulled without doing any good, and I have bought enough medicine to cure almost anything." The nose was packed full of polyps, and even such partial removal as I could accomplish the first day began to give relief at once. In these cases the headache is due not only

to the direct pressure of the mass in the nose, but also to the stopping of nasal breathing."

We often find the same condition in *mouth-brathing children*, from post-nasal adenoids. Such children are often dull and stupid, and complain much of headache after any mental exertion.—*Vo. Medical Semi-Monthly*.

Tonsillitis in Children.

John Stewart says that salicylic acid, or sodium salicylate, acts as a specific when given internally in small doses—say, one grain of the acid or about three grains of the sodium salicylate every two hours. This, if given from the onset, will often prevent suppuration, shorten the attack, and relieve the pain and swelling. Tinct. guaiac. ammon., if given in hot milk as a gargle, will often abort an attack, and if the case has advanced to about the fifth or sixth day it will give almost immediate relief.—*Medical Standard*.

Pointed Paragraphs.

One way to find work is to go to work and look for it.

Silence is indeed golden when it commands a high price.

The more a man blows the less likely he is to come to blows.

Unless you are capable of enjoying little things your pleasures will be few.

There is more or less charity in the heart of every man—usually less than more.

A girl hasn't much faith in a fortune teller who doesn't predict that she will marry rich.

A man is usually judged by the company he keeps, but it isn't fair to judge a woman that way. Her company is frequently forced upon her.—*The Pncus*.

MEDICAL NEWS AND ITEMS.

Major Paul C. Stranb, surgeon U. S. army, was decorated by President Roosevelt, on October 6, with a medal of honor for an act of heroism in saving the life of a wounded soldier in the Philippines on December 21, 1899. —*Medical Age*.

Anthrax is reported to have appeared in central Delaware among the live stock, and many animals have died from this cause. The State authorities have ordered all the carcasses of dead animals burned, and are causing animals exposed to be inoculated. —*Medical Age*.

Notwithstanding its fogs, London has a lower mortality from tuberculosis than other European capitals. In 1904 it was only 166 per 100,000 inhabitants, as against 257.5 in Berlin, 254 in Milan, 256 in Madrid, 314 in Vienna, 383 in Paris, 387 in Moscow.

At a recent inquest held in London in the case of an infant suffocated while in bed with its parents, the coroner stated that about 2,000 infants annually lose their lives in this way in England, there being in the neighborhood of 600 deaths from this cause in London alone.

Dr. Horatio C. Wood has resigned as professor of materia medica, pharmacv and general therapeutics in the University of Pennsylvania. Professor Wood has been connected with the University of Pennsylvania since 1862, and has resigned on account of ill-health. His resignation has been accepted, and he has been made professor emeritus. —*Maryland Med. Jour.*

The late Dr. J. E. Neild, of Melbourne, was for half a century a dramatic critic whose judgment was looked upon with particular respect in Australia. It is said that he "discovered" Madame Melba. —*Medical Age*.

Professor Neisser (Breslau) has been commissioned by the German imperial authorities to pursue his researches on syphilis, and will accordingly start on a second expedition to Batavia this month. He will be accompanied by Drs. Halberstadter von Prowaezek, Bruck and Siebert.

The health authorities of the State of Texas have adopted and are enforcing a code of sanitary rules for the sanitation of railway cars which will insure to the traveling public immunity from many of the discomforts to which it is now subjected. Sleeping-cars are to be kept so clean at all times that there can be no possibility of the accumulation of dust or filth of any kind. A measure of the greatest importance is a discrimination between sleeping-cars running within the State and those leaving the State for other States. The latter are not only subjected to the rigid rules of those within the State, but they are required to be fumigated thoroughly every second or third trip according to the number of days which the trip occupies. If an infectious disease is found on board the car must be detached at the next station and disinfected before it is again used.

Never open a prostatic abscess per rectum, no matter how much it bulges; always operate through the perineum. —*American Journal of Surgery*.

A baby recently born on the lower East Side, New York, is said to have weighed 22 pounds at birth. It was the fifth child of its parents. The previous children are said to have weighed, in the order of their seniority, 10, 15, 16 and 18 pounds. Such a history ought to counsel prudence to the most ambitious parents.—*Maryland Med. Jour.*

According to the New York Sun, an experiment in the simple life undertaken by a group of German authors, philosophers and painters came to a speedy and sad conclusion. They wished to live in primitive fashion, without clothing, subsisting on roots and fruits, and employed only in tilling the soil and tending herds, on the Island of Kabakon in the Bismark Archipelago. Two of the colony died from the effects of insufficient food and clothing, the native islanders killed another colonist and the remainder returned to civilization.—*Maryland Med. Journal.*

As a result of the conference between members of the Chicago Board of Education and a committee from the Chicago Tuberculosis Institute, the following innovations are likely to be introduced into the school system: The establishment in every school building of a dispensary room for the examination of suspects and the treatment of cases; separation of the tuberculosis pupils into two classes—contagious and non-contagious; the organization of a corps of visiting nurses, to visit the homes of suspects, dress open wounds, and report conditions to the board. It was pointed out that such a corps of nurses would render invaluable service in reducing truancy by investigating all cases of ill-

ness and returning the sufferers from minor complaints to the school with all possible speed; regular inspection of all schools at stated periods by medical inspectors; establishment of a system of surveillance for suspects and those suffering with the disease, with a view to excluding the victims the moment their presence in the classroom becomes a menace to the other children; the providing of special educational facilities for the victims of tuberculosis in its contagious forms; the segregation of all children suffering from tuberculosis of the bones.

According to the Army and Navy Journal of September 29, the surgeon-general of the army has received most favorable reports regarding the sanitary conditions which existed last summer at the various camps of instruction. There was practically no disease at any of the camps, which tends to show that the regular soldier may live without epidemic disease when his health is under the supervision of careful medical officers and when sanitary laws are rigidly observed. Major Charles F. Mason, medical department, has made a verbal report on the condition which existed at the camp of instruction at Chickamauga Park, Tenn. There was little sickness there. Major Mason made a glowing report on the tests of the McCall crematory latrine. The inventor of this crematory, Dr. McCall, was formerly a contract surgeon in the army. It is believed he has solved the problem of a sanitary method of disposing of all waste in military camps.

Eauresis in children is not always a functional disorder. It may be caused by a vesical calculus.—*Am. J. of Sur.*

The pure food law will effect the brute world as well as human beings. Adulterated chicken foods and sawdust dog biscuits will be barred equally with impure food for human consumption.—*Medical Age*.

Philadelphia keeps pace with the reported general increase of insanity throughout the United States. The latest report of the Philadelphia Hospital for Insane shows a total of 1,600 patients, an increase of 109 during the year. The total increase for the past ten years is 75 per cent.—*Medical Age*.

The proposal has been made in Ohio to organize a special section of the State Association for the Study of Pathology. One of the objects to be accomplished will be the establishing of a uniform technique in carrying out tests and other pathological work so that statistics gathered from different sections of the State may form a reliable basis for deductions.

We learn that the entry for the coming season at the London School of Tropical Medicine is the largest so far recorded. The number of students is now 39; the number of nationalities represented is also greater than it has ever been, there being among the students medical graduates from France, Greece, Italy, Finland, the United States, Nicaragua, and Honduras.—*Medical Age*.

The Hungarian Minister of the Interior offers a prize of 1,000 crowns for the best work on the etiology of trachoma. Essays in competition, which may be written in Hungarian, German, French, or English, will be received up to December 31, 1908

They should be addressed, Belügy-Ministerium 1, Var, Buda-Pesth. Printed works will be received, provided they were published for the first time in 1907 or 1908. The decision of the jury will be announced at the sixteenth International Medical Congress to be held at Buda-Pesth in Sept. 1909.

Out of the thirty-seven slaughter houses condemned by the board of health in Philadelphia, twenty have closed permanently, sixteen have been put in sanitary condition, and the owner of one, refusing to obey, was prosecuted.

The Mexican government has offered three prizes, each of the value of \$20,000, for (1) the discovery of the typhus fever germ; (2) the mode of its transmission to man; (3) a successful preventive or curative serum or other effectual remedy. Communications should be addressed to the secretary of the Medical Academy, Dr. Cosío, Ortega 9, Mexico.

Arthur Evershed says that the best and most effective remedy for warts and corns is sea-water. When sea-bathing is not possible, warm footbaths of sea-salt will take its place. If used daily, at the end of a fortnight the corns will peel off. Warts are treated by soaking the hands in warm sea-water twice a day for ten minutes. Cauliflower warts on the scalp yield to a compress of sea-water left on all night each night for two weeks.—*Cleveland Medical and Surgical Reporter*.

In performing operations on the neck, make the skin incision parallel to the muscular plane.—*Am. Jour. of Sur.*

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SURGICAL SUGGESTIONS.

SURGICAL SUGGESTIONS.

A discharge from the umbilicus may may be due to an infected dermoid cyst, to an eczema of the umbilicus, to a patent urachus (urine), to a cyst of the urachus (milky discharge); it may be of pus from an abscess within the abdomen or in the abdominal wall, or of feces (Meckel's diverticulum, perforated strangulated hernia, fecal abscess from tuberculosis).

In the presence of a tumor in the midline between umbilicus and pubes, the possibility of a cyst of the urachus must be borne in mind. It may simulate an ovarian cyst or other tumor, or a distended bladder.

When a skiagraph shows a condition not recognizable at once as a definite lesion, it is important to make an x-ray picture of the corresponding part of the body on the other side. It may show that the condition is merely a symmetrical peculiarity, and not a pathological one.

For a single tenorrhaphy make the incision quite a little to one side of the line of the tendon and perform no more dissection than is necessary. This is to avoid adhesions of the tendon to the skin.

Before anesthetizing a patient to operate upon a wound (e. g. of the wrist), in which tendons are severed, attach forceps or ligatures to any tendon ends that are visible. While struggling during primary narcosis the proximal ends of cut tendons are sometimes drawn up, and the above device will obviate slitting up the sheaths to secure them. Squeezing the extremity proximal to the wound will likewise prevent these retractions.

If a tendon has been divided by an incised or lacerated wound and the

skin has united over it, it is better to wait a fortnight or more before performing tenorrhaphy. Otherwise organisms introduced with the traumatism may cause suppuration and sloughing of the tendon, not only defeating the operation, but making a later attempt at approximation difficult or impossible.

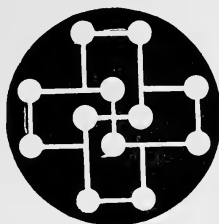
Before proceeding with a radical operation for carcinoma of the stomach, examine not only the liver but also the general abdominal cavity, especially the pelvis, and in females the ovaries, for any sign of metastasis.

There is no class of cases in which a prognosis is so often at variance with the extent of the injury as in cranial injuries. The prognosis in such cases should, therefore, always be guarded.

Do not allow patients to lie on the back immediately after an operation involving the vertebræ or the sacrum; a disagreeable necrosis of the skin flaps may rapidly take place.

A chronic synovitis of apparently unknown origin and very rebellious to treatment is sometimes due to a small focus of osteomyelitis just beneath the cartilaginous surface.

An approximate determination of the origin of a hematuria may be obtained by noting the following points: If pure blood is followed by clear urine, the origin is in the urethra; if the patient first passes urine, then blood, the source of bleeding is probably in the bladder; if urine evenly mixed with blood is voided, the kidney is probably responsible for the hemorrhage; if long, fine clots resembling worms are passed, these usually are from the ureter.—*American Journal of Surgery.*



Crude Mechanical Processes

are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics*.

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NEWER MATERIA MEDICA.

The Sensible Treatment of LaGrippe and its Sequelae.

The following suggestions for the treatment of LaGrippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness give one Antikamnia Tablet, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indications for a tonic, are Antikamnia and Quinine Tablets, each containing 2 1-2 grains Antikamnia and 2 1-2 grains Quinine. One tablet three or four times a day, will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "The Southern Clinic" has found much benefit to result from Antikamnia and Codeine Tablets, administered for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of Influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

Spinal Cord Complications of Anemia

With increased knowledge of the anatomy and physiology of the brain and spinal cord, there is a growing opinion among careful clinical observers that many of the nervous phenomena accompanying general anemia can be directly attributed to resulting changes in the nervous system. The spinal cord complications of pernicious anemia have been recognized for some time, and it is no uncommon thing in these cases to find pronounced degenerative areas throughout the cord. The posterior columns and occasionally the lateral are most often involved, the nerve fibres being chiefly affected, without however, the extreme shrinking usually observed in locomotor ataxia. While there can be no doubt that these conditions depend to a certain extent on the blood changes incident to the anemic process, it is more than probable that the toxins resulting from the attending hemolysis exert direct injury on the nerve cells.

Fortunately the ordinary anemias are not attended by such extreme changes, and the resulting symptoms, with their speedy control under appropriate treatment, point to a functional rather than an organic origin. These symptoms, while extremely variable, usually consist of constant and pronounced backaches, especially in the cervical and dorsal regions, sensitive areas along the spinal column, variations in the spinal reflexes, paresthesias generally, and often times irritability of the anal or vesical sphincters. Headache is frequently complained of, although the patient is usually able to sleep. The symptoms referable to the sexual function are also extremely

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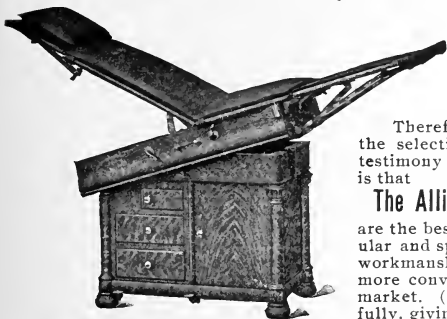
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variable, especially in the female, and range all the way from absolute frigidity to positive nymphomania.

Frequent reference is made to the heart by these anemic patients, and while their symptoms may be somewhat due to the changes in the blood current, there can be no question that the sympathetic nerves suffer in the general involvement of the nervous system, and may therefore be directly responsible for the arrhythmia, tachycardia, etc., so often complained of.

The great therapeutic value of Pepto-Mangan (Gude) is well shown by its rapid and pronounced action in these cases of anemia complicated by nervous derangements. With the rise in hemoglobin and the blood count, which immediately follows the administration of Pepto-Mangan (Gude), the backaches and headaches cease, the sensory disturbances disappear, and the patient's nervous system rapidly returns to the normal. The comparative ease with which these cases are restored to health when thus treated, will be exceedingly gratifying to the zealous practitioner. He, more than anyone else, realizes the danger of letting young females thus afflicted drag along indefinitely, for he knows that the psychic influence of long continued sensory disturbance is extremely prone to develop and magnify any hysterical tendencies however latent. Early and efficient treatment is therefore not only desirable but urgently necessary, and Pepto-Mangan (Gude) will never prove disappointing.

New Pure Food Law.

"Our readers will note from the new Antikamnia advertisement which appears in this issue, that The Antikamnia Chemical Company, was prompt to

file its Guaranty under The New Pure and Drugs Act, their Guaranty number being 10; which means that of all the Food and Drug Manufacturers in the United States, only nine filed their Guaranty in Washington before that of The Antikamnia Chemical Company.

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(5) Coca is a stimulant to the vagus centre.

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fault. Besides Vin Mariani, the form advocated is the concentrated fluid extract. Mariani Tea, of which a drachm or two should be given at a dose about every three or four hours. When cardiac tonics are indicated enforced rest and a regulated dietary should be preliminary to all forms of treatment.—*The Coca Leaf*, May, 1905.

The Use of Glyco-Thymoline in Obstetrics.

By Geo. H. Shelton, M. D., Detroit, Mich.

I am so gratified and pleased with the action of Glyco-Thymoline in the various conditions in which it is indicated and especially so in obstetrics, that I cannot endorse it too highly. I have used Glyco-Thymoline in obstetrical practice wherever sepsis is present or threatened and I can say candidly that I have yet to meet with disappointment. The result in every instance has been simply charming. Did not time forbid, I could recount numerous cases in which the happy climax was attributable to the use of Glyco-Thymoline. But for the purposes of this paper the report of two cases of obstetrics will illustrate typically the wide field of usefulness for this agent in this branch of practice.

Case 1. Mrs. J., aet 28, multipara. Was delivered at full term of a still born child. It had been dead about ten days and was foully decomposed. Condition of mother was very critical. Temperature 102.5° F., pulse 120, all symptoms of Septicemia present. Two tablespoonfuls of Glyco-Thymoline to one pint of hot water as douche three times daily brought about a wonderful recovery in a remarkably short space of time.

Case 2. Mrs. S., aet 19, primipara.

Premature labor, followed by puerperal fever. In this case the septic condition was such as to be truly alarming but Glyco-Thymoline two tablespoonfuls to one pint of hot water, to be used as a douche three times daily produced a rapid recovery.

In conclusion I wish to state that I find such general use for Glyco-Thymoline in obstetrics that I would not consider that I was fully prepared for any and all emergencies which might arise while attending a case of labor unless I had a supply of the above mentioned remedy on hand.

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This is the 5th volume in the Studies in the Psychology of Sex, the preceding volumes being: 1. The Evolution of Modesty, the Phenomena of Sexual Periodicity and Auto-erotism. 2. Sexual Inversion. 3. Analysis of the Sexual Impulse. 4. Sexual Selection in Man. Each volume is sold separately and is complete in itself. In the 5th volume of the sexual process and in the concluding volume an attempt will be made to consider the bearings of the psychology of sex on that part of morals which may be called "social hygiene." The author has handled his subject well and has discussed the many questions in a scientific and intelligent manner. The studies will constitute an important addition to our knowledge of the Psychology of Sex.

GOLDEN RULES OF PEDIATRICS. Aphorisms, Observations and Precepts on the Science and Art of Pediatrics: Giving Practical Rules for Diagnosis and Prognosis, the Essentials of Infant Feeding, and the Principles of Scientific Treatment. By John Zahorsky, A. B., M. D., Clinical Professor of Pediatrics, Washington University School Department, St. Louis; Ex-President of the Bethesda Pediatric Society; Attending Physician to the Bethesda Foundlings' Home,

Member of the American Medical Association and of the St. Louis Academy of Science; Editor of the St. Louis Courier of Medicine; Author of "Baby Incubators," etc. With an Introduction by E. W. Saunders, M. D., Professor of Diseases of Children and Clinical Midwifery, Washington University, etc. St. Louis: The C. V. Mosby Medical Book Co. 1906.

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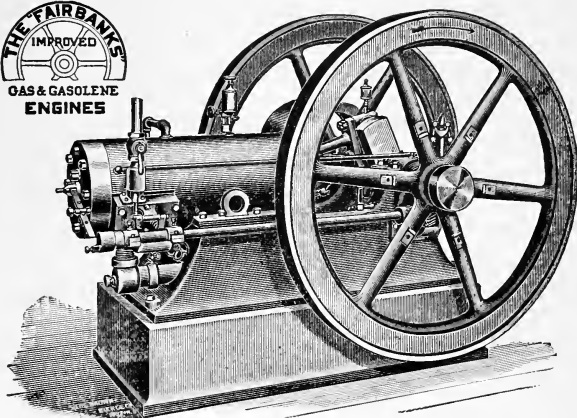
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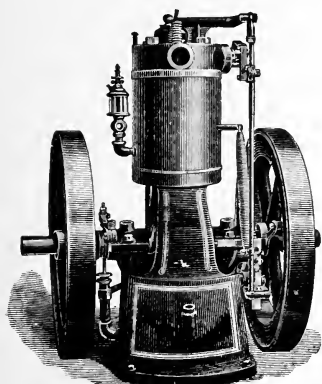
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Volume 3, Sixteenth Series, is all that could be desired of such a publication, yet it seems that each number is an improvement on the preceding one. It would afford us pleasure to speak of the salient points of each article; but suffice it to say that it contains material from the world's greatest medical writers, and that we are not surprised at the highly favorable words spoken of it by the press and physicians individually.

ANNALS OF SURGERY. In the November number in addition to eight original Memoirs and the Transactions of the Philadelphia Academy of Surgery about seventy pages, under the title of Surgical Progress, are devoted to Excerpts from the Transactions of the German Congress of Surgery. This is a very important article and makes the November number very valuable for reference.

In children, in cases of peritonitis of unknown origin, examine for gonorrheal vulvo-vaginitis.—*A. J. of S.*

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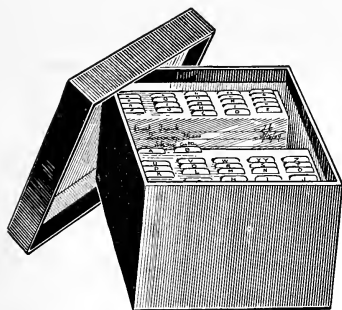
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Dr. W. S. Martin.

Dr. W. S. Martin, one of Leaksville's oldest and most highly esteemed citizens, died at his home in this place Saturday morning, Nov. 2, 1906, in the 73rd year of his life. He had been paralyzed nearly two years and unable to leave his room except when carried by his nurse, but he was always cheerful, enjoyed seeing his friends and was never heard to complain of his great affliction.

Dr. Martin married Miss Bettie Rives Johns, sister of Dr. A. B. Johns, of Leaksville, Dec. 10, 1857.

He went into the Confederate army in the spring of 1862, was kept at home the first year of the war by a helpless family. He joined the 45th Regiment North Carolina troops, Co. F., was elected lieutenant at formation of the company, remained in the army until the close of the war, April 1865, and surrendered at Appomattox with Lee and his immortal eight thousand April 9th. His wife knowing his love for the Southern Confederacy has decided to send his clothes to the Soldier's Home at Raleigh.

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—*American Journal of Surgery.*

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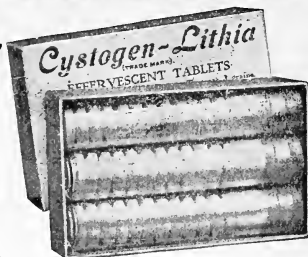
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When you get blue, this will be a good tonic—not only for doctors, but for all other men—and women. Try it on your hypochondriacs. This ought to bring them out of themselves.

Can you improve on the above answer to "What constitutes success?" Can you add anything to it? But what is much more important, can we live it? —*Medical World*.

A Simple Means of Relieving Earache of Acute Otitis Media.

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(*St. Petersburger medizinische Wochenschrift*, April 7th) has found a much more effective means of attaining the desired result. It consists in introducing into the external auditory canal compresses of cotton moistened with ordinary dilute lead water, which are also applied to the concha and its vicinity. This solution is made extemporaneously by adding water to Goulard's extract, forming *eau blanche*. This solution is heated to the boiling point, and a small piece of absorbant cotton, rolled into the shape of a cone about an inch long, is dipped into it, and then introduced into the auditory canal. The concavities of the external ear are next to be filled with small compresses, which are also moistened with lead water and applied as hot as the patient can bear it. Finally, the entire ear and surrounding parts are covered with three compresses, dipped into the same solution, but from which the excess of moisture has been removed by expression. One of them is placed in front of the ear, the other in the space behind the ear, and the third above the preceding two. The relief afforded by this is so great that the patient is enabled to await with tranquillity the time for paracentesis or the spontaneous opening of the drum.—*Le Bulletin Medical*, April 21, 1906.

Green Stools.

In a report upon green stools published in the *St. Louis Courier of Medicine*, Dr. Zaharsky says:

The old idea was that green stools simply denoted the presence of an hyperacidity. This was denied fifteen years ago by Pfeiffer who claimed that the condition was due to too much al-

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kalinity. He showed that green stools were not very acid, and that the administration of alkalies produced green stools. Later, the French authority, Lesage, declared that he had found the cause in a chromogenic bacillus that he discovered in green stools. Huebner again took up the question on the lines considered by Pfeiffer and decided against the conclusions arrived at by this observer since he found green stools present with an acid intestinal tract. He also tried to disprove the assertions of Lesage and failed to find the chromogenic bacillus. He asserted that the green pigment was derived from bilirubin and was itself biliverdin. The text books now say that the cause is not known. Wernstedt recently undertook a microscopic and chemical examination of these stools and found that the green pigment was always intimately associated with the mucus of the stool, and that the invariable pres-

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ence of oxydase served to produce the pigment by the action of this ferment

on bilirubin. The green particles were found gathered about the leukocytes and were believed to have been a conversion product, *i. e.*, biliverdin from bilirubin.

Now, is this green pigment biliverdin? No one has proved it. Dr. Zahorsky recited a number of tests by means of which he had attempted to prove or disprove whether the green pigment was or was not biliverdin. The acetic acid test and the alcohol test failed to reveal the presence of this pigment. Secondly, he found that the green is not always associated with the mucus but is frequently saturated thro' and thro' the casein products. Wernstedt's stand, therefore, is surely not right. Thirdly, Gmelin's test on green stools gave very slight reactions indeed, not more intense, in fact, than with stools of other colors. Again, stools containing blood which always contains oxydase do not, upon standing give green stools, as they should were the color to depend on the conversion of bilirubin into biliverdin by this ferment. There are traces of bilirubin in all stools, and the green pigment developing most probably from contact of the stool with some constituent of the atmosphere or with some gas. The point is that green stools are not due to a lack of resorption of bile from the intestine, but are rather due to a disturbance of the digestion of the proteid substances.—*Central States Med. Mon.*

Newspaper Surgery.

The wonders of surgery as reported in the daily press are shown from an account which was recently published in one of the great dailies. According to the despatch a man suffering from stone in the kidney was taken to Roosevelt Hospital, New York, and the following remarkable operation done:

"The patient was operated on and *within a minute* the surgeon had the kidney out as far as possible. He held it in his hand, and with the flourscope found the small stone. *A moment later* the stone was removed, and within seven minutes after the first stroke of the knife the kidney had been put back into place." We cannot but wonder when reading in the newspapers anything pertaining to medicine how near they come to the truth in reporting the work of other physicians.—*Med. Age.*

Impositions.

That the medical profession is frequently imposed upon is the unanimous consent of every member who has practiced only a few years, and quite a good deal of this imposition is invited, for, when he has graduated, the parting address by members of the faculty is to advise him to attend the poor faithfully and kindly, for, "over the shoulders of the poor they were to creep into the pockets of the rich;" "The Poor ye have always with you," sounds both poetical and biblical, and when a proper discrimination is made between the worthy and unworthy, the just and unjust, it merits our heartiest commendation. But when a lady drives to within a square of a hospital dispensary with her own team, throws her sealskin coat in the carriage, walks in the waiting room with her poorest dress, pleads poverty, and receives a careful examination or medicine, departs with a cold "God bless you," and then boasts how to impose on the doctor, this may be considered rank imposition; and yet a great many hospitals and most dispensaries have been continually doing this. The correction rests upon their shoulders, we need only call their attention to it.

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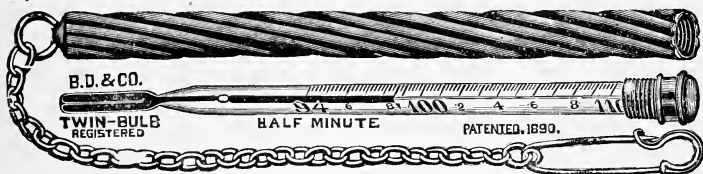
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Another invited imposition is the carelessness of many physicians in collecting their accounts and rendering their bills. Very few physicians become rich practicing their profession exclusively, because the successful men are so deeply engrossed in its literature, the reading of new books and journals, the care and anxiety of their patients, that every minute of their time is taken up, and when a few moments or hours do occur, they need them for rest and recreation, and the financial end of their life is so seriously neglected that quite a portion of their hard earned remuneration is lost.

They should render monthly statements just as any successful merchant does, and the profession as a whole would profit thereby. This is not professional commercialism.—*Extract from address of Wm. H. Hartzell, Pres. Pennsylvania Med. College in Pa. Med. Jour., Oct. 1906.*

The Doctor and the Automobile.

There can be no doubt that the automobile is increasing in popularity with physicians. Perhaps many do not figure their actual cost; for part of the expenditure must inevitably be charged to the amusement and trouble which is derived in the delightful rides. Many medical journals have been discussing the automobile and altogether it may be stated that the enthusiasts for the automobiles are ahead. A writer in the California Medical and Surgical Reporter, June, 1906, humorously asks:

"Can a doctor run an automobile and be a Christian? Morphin slays the manhood and makes a thief and a liar, whiskey brutalizes and makes a man a driveling idiot, and an automobile makes a man swear like a pirate. It is harder for a man running an automo-

bile to abstain from profanity than for a rich man to enter the kingdom of heaven."—*Courier of Medicine.*

Fake Foods.

The State Board of Health of New Hampshire has given much attention recently to the investigation of foods and the analysis of various foodstuffs. The results of these analyses have been published in their Sanitary Bulletin. The following table from their Bulletin of April, 1905, is a fair example of the results of their work:

ARTICLES EXAMINED.	No. found to be of good Quality.	No. Adulterated or Varying from Legal Standard.	Total Articles Examined.	Percentage of Adulteration.
Canned Fruits, Jellies and Jams....	3	29	32	91.0
Cider, Vinegar ...	27	15	42	35.7
Cheese	1	1	2	50.0
Coffee and Cocoa..	9	2	11	18.1
Condensed Milk ..	8	0	8	00.0
Cream of Tartar and Baking Powder	9	4	13	30.8
Honey	6	3	9	33.3
Lemon Extract ...	3	21	24	87.5
Lime-Juice	0	7	7	100.0
Maple Syrup and Sugar	13	10	23	43.5
Milk	17	14	31	45.1
Molasses	55	7	62	11.3
Meat Products, Sausage, Pressed Meats,..	18	23	41	56.1
Spices	21	0	21	00.0
Tomato Ketchup ..	1	5	6	83.3
Vanilla Extract ...	4	20	24	83.3
Misc. Products ...	4	3	7	42.9
Totals	199	164	363	45.2

Only forty-five per cent. of the foodstuffs examined proved to be pure and of standard quality. It is interesting

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in looking over the table to note that of canned fruit, jellies, and jams, ninety per cent. were found to be adulterated, and nearly half the milk and maple sugar. Various jellies and preserves purported to be made from raspberries, currants, and pineapples were found to consist wholly of apple colored with coal-tar dyes, and appropriately flavored. Salicylic acid and other preservatives were frequently found.—*Good Health*.

Adrenalin in Cancer.

Dr. Polya (Hungarian Cor. Med. Press and Cir., Nov. 29, 1905) discussed the Fiesenger method of treating cancers with adrenalin. Nominally, Fiesenger holds that adrenalin is capable of modifying the vascularization of cancerous tumors. In cancer of the rectum, painting twice daily with from 30 to 100 drops in a 1 in 1000 solution of adrenalin in a tablespoon of water decreases the accompanying rectitis, may check the discharge, and brings about a temporary diminution in the size of the cancerous growth. External ulcerated cancers become pale, decrease in volume, the hemorrhage may be checked, and the progress of the affliction is stayed for a time by the use of this remedy. Combined treatment with adrenalin, quinine and beer yeast is, in the author's opinion, distinctly serviceable in the prevention of recurrence after ablation of cancerous tumors. He reported the case of a woman operated on in 1902 for cancer of the uterus, in whom the operation being incomplete, a recurrence was expected. During 1902 and 1903 the patient was given quinine hydrochlorate 0.25 in cachet before breakfast and dinner for five days the two remedies being alternated thus for a month, at the end of which time

treatment was suspended for five days and resumed in same order. In 1903 adrenalin was added, 5 to 10 drops of the 1 in 1000 solution being given on rising and retiring, on the days on which the beer yeast was given. At the present writing the patient continued to enjoy excellent health.

"The *Jour. de Med. Interne* for Mar. 1, 1906, is responsible for the following anecdote, which bears the stamp of the truth: 'I have a miserable stomach,' said a confrere to me. 'As soon as I eat anything but beefsteak and drink anything but water, I yawn, I feel heavy and I suffer with oppression. All my nerves are like the strings of a violin, which everything causes to vibrate. I am bored and I bore everybody extremely.' Two years later, the sufferer was again encountered. This time he was at a fashionable restaurant, with a napkin tucked under his chin, calm, and with a flower in his button-hole, eating heartily and drinking wine of rare vintage. It was a miracle. He explained his transformation as follows: 'I had an anal fistula, and the doctor forcibly dilated it for me. Is it a coincidence? Since then I find the sky more blue, my mother-in-law more tolerable and you can see I enjoy with each meal a glass of good wine.' The editorial comment seems to make satisfactory reply to the query as to the coincidence, for it states that the writer has seen two other cases in which suddenly cured by anal dilatation. Amaurosis was at one time defined as a condition in which both the patient and the physician were blind. There are conditions doubtless in which each of them must put on spectacles. It is important to therapeutic results that the glasses be worn by those who really need them."—*Medical Digest*.

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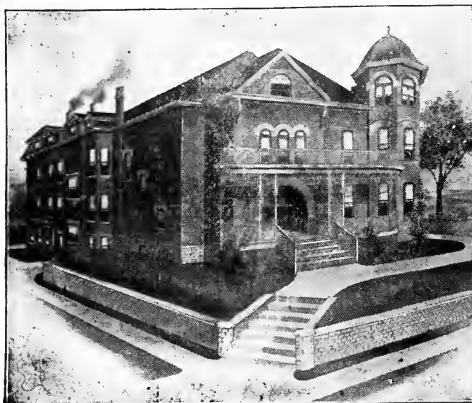
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ORIGINAL COMMUNICATIONS.

Remarks on the Modern Treatment of the Toxemia of Pregnancy.

(By John F. Winn, M. D., Richmond, Va.
Professor of Clinical Obstetrics, University College of Medicine; Obstetrician to Virginia Hospital, etc.)

No subject in the range of obstetrics to-day is attracting greater attention of obstetricians than that of toxemia of pregnancy; and, notwithstanding the great amount of work expended in the past few years to find the true nature of this autotoxic state, we are still ignorant of the source of the poison and the exact nature of its action. It is pleasing to note, however, that the dawn is breaking, and we cherish the hope that the treatment of this condition will soon be less empirical and uncertain.

It has been my fortune or misfortune to see quite a good number of these

cases in consultation and in my own private practice, as well as in my obstetric clinic at the Virginia Hospital; and the object of this paper is to bear testimony, briefly, to the efficacy of those generally accepted lines of treatment which seem to have been followed by the best results.

In the beginning, I especially wish to emphasize two points:

1. The unquestionable value of prophylaxis and elimination.
2. The importance of early, unremitting and systematic medical supervision of every pregnant case.

Since the intelligent, prophylactic and active management of any disease is based on its etiology and pathology, it is well to refer briefly to what is accepted as the most plausible theory for the cause of this condition.

Toxemia of pregnancy is now gener-

ally believed to be caused by a disturbance of nitrogenous metabolism. Ewing, of New York, who for several years has assiduously studied this subject, was the first to demonstrate hepatic lesions of three clinical manifestations of the toxemia of pregnancy, viz: hyperemesis gravidarum, eclampsia, and acute yellow atrophy. He believes that this disturbance of nitrogenous metabolism is a failure of the oxidizing capacity of the liver; and that the proteid derivatives which are normally combined by the liver into urea, are no longer thus combined, but circulate freely in the blood as poisons, and are in some degree excreted by the kidneys.

Stone, also of New York, in a recent paper, agrees with Ewing and affirms that the changes in the kidneys are essentially secondary to the lesions in the liver; and further, that enough has already been found to warrant the definite statement that the conditions designated as hyperemesis gravidarum, eclampsia and acute yellow atrophy are one and the same disease.

At the recent meeting of the New York State Medical Association the modern aspects of pregnancy-toxemia were discussed in the form of a symposium, and the consensus of opinion was that "this failure of oxidation in the system can best be determined by a study of the nitrogenous partition in the urine, and by observing that the nitrogen passed is not in the form of urea, but in various precedents of this substance, the most prominent of which are the ammonia and amide substances. It is to be borne in mind that in order to determine this change in the urine a twenty-four hour specimen must be taken, and it must be known what the patient has eaten, for on a full diet there will be eighty-five per cent. of urea nit-

rogen in a normal individual; whereas, on a low diet, such as is frequently given in pregnancy on account of nausea, the urea nitrogen may not exceed more than sixty per cent." It will be observed, then, that this disturbance of nitrogenous metabolism in the liver does not always lead to a diminution in the total amount of urea excreted, but rather to a diminution of the ratio between urea and the total nitrogen in the urine.

In view of this discovery, it would appear that we must, when examining the urine, look *not so much to the loss of urea as to the excess of ammonia*, for the danger signal; and, according to J. Whitridge Williams, of Baltimore, a marked increase in this ammonia co-efficient in cases of pernicious vomiting of pregnancy indicates the existence of a most serious toxemia, which, if allowed to continue will be found to be accompanied by lesions of the liver and other organs inconsistent with life; and under such circumstances, abortion should be induced as soon as the condition is detected, since it offers the only hope of checking the toxemia, and saving the patient's life. While his experience is not sufficient for him to lay down a definite rule as to how great an elevation of the ammonia co-efficient is consistent with the safe continuance of pregnancy, he has ventured to suggest that an ammonia co-efficient of ten per cent. should be taken as a danger signal, and as soon as it is reached, immediate intervention should be resorted to.

While watching for this danger signal in the urine we must follow closely the lines of faulty metabolism, the well known clinical evidences of which are high arterial tension, headache, dizziness, gastric disturbances, mental and physical torpor, disturbances of the

bowels—as intestinal toxemia, disturbances of the liver—as jaundice, and of the skin—as pruritus. Should any of these be present, we at once, in view of modern findings, must look to the urine for the ammonia co-efficient, and not alone for the presence of albumen and the amount of urea eliminated, because a low output of urea has been shown to be an unreliable index of the autotoxic state. Stone, however, has recently reported four cases of pernicious vomiting and three cases of the pre-eclamptic type in which the ammonia nitrogen was increased in only one case, and concludes that the ratio is too variable a quantity to be relied on as an index of the gravity of the toxic condition.

Edgar, while believing that this clinical test seems to promise more than any of the previous ones offered, states in a recent paper that as yet he does not believe that sufficient material has been collected to permit of formulation from the percentage of total nitrogen excreted as urea-nitrogen, ammonia and amido-acid or undetermined nitrogen, any rule for guiding us in the severity of pregnancy toxemia.

It is evident that with the extreme gravity of this dreaded condition staring us in the face, our responsibility as obstetricians has not been lessened, and, undoubtedly, it behooves us to be even more zealous in our care of these truly unfortunate patients.

As would be expected, the urine is generally scanty and the specific gravity high. Only a trace of albumen may be present while the amount of solids is below the average. Leucin and tyrosin are occasionally found and when found are of the gravest import and are to be taken as guides for prompt and heroic measures.

From what has gone before, it is very

evident that a working formula has not been settled upon, but it is equally clear that the urinary analysis as ordinarily made in the doctor's office is wholly inadequate for all cases; and it follows as a necessary consequence that if there be any doubt at all regarding the diagnosis, nothing short of a thoroughly conducted laboratory analysis will suffice to determine the products of a disturbed nitrogenous metabolism.

PROPHYLACTIC TREATMENT.

The treatment of this condition begins with the most rigid prophylaxis from the time the pregnancy is suspected. I do not think I put it too strongly when I say that the proper management of these cases necessitates, in some instances, nothing short of a revolution in our medical ranks. Too often is there exhibited an indifference to the dangers of pregnancy that is appalling and well nigh culpable, as proven by the fact that often a specimen of urine is not even asked for. If perchance, the patient of her own volition, brings it to her physician, it is not always tested. How many of us are sometimes satisfied with one, or at best, two, urinary analyses, and these in the latter weeks of gestation.

With the present knowledge of pregnancy-toxemia, I cannot insist too strongly upon the great necessity for the education of our patients concerning the autotoxic state. They should be instructed to heed the earliest symptoms of toxemia, and we should make it obligatory upon them to report promptly any symptom which indicates a departure from the normal condition. For the reason that many of the milder, as well as the more severe types of toxemia have their origin as intestinal intoxication, we should always impress upon patients the importance of keeping the

bowels regular, and upon the taking of an active cathartic systematically, whether indicated or not; and especially should they be told the importance of keeping a close watch upon the total amount of urine excreted daily, for diminished urinary excretion is known to be of greatest clinical value. Not only encourage the drinking of a liberal amount of water at all times, even before the kidneys "go on a strike," but make it a definite and written order that not less than three or four pints be drunk daily. Seek to remove the prevalent belief among the laity that the "morning sickness" has no special significance; and, *above all, teach the laity the importance of consulting a physician as soon as pregnancy is known to exist, and acquaint them of the danger of deferring this duty until headache and edema develop.*

Even in normal cases urinary examinations should be made once in four weeks up to the seventh month, and as often as every two weeks during the remaining period of gestation, and often, if suspicious symptoms develop. It is a good rule to designate the exact day on which the specimen of urine is to be brought to your office. Select one day for analysis. Specify the number of ounces to be brought in a clean bottle. I need hardly say that a few systematic rules along this line will help to impress upon the patient the importance of keeping her physician informed as to her condition.

TREATMENT OF PERNICIOUS VOMITING OF PREGNANCY.

All vomiting in a pregnant woman is to be regarded with suspicion. If it is only the "early morning sickness," no great alarm is felt, but when the vomiting is persistent, food being rejected

at all times, possibly twenty or thirty times in the twenty-four hours, and later mucus, bile and even blood, with evident signs of progressive malnutrition, no time should be lost in examining for evidences of hepatic insufficiency as well as hepatic necrosis; upon the finding of which by urinalysis the most active methods of elimination are to be vigorously instituted, and, if no improvement is noted, immediate preparation must be made for the complete emptying of the uterus. In this connection I am reminded to say it is very important that all portions of the fetus and placental tissue be removed, for a case has been reported in which a small part of the placenta was left and the vomiting continued until it was removed.

Vomiting in the later periods, it must be borne in mind, is more to be dreaded than that in the early weeks of pregnancy. It is to be regarded as particularly suggestive of the toxic state, either eclampsia or acute yellow atrophy of the liver, and demands the closest vigilance and treatment.

Whether dilatation and curettage shall always be done by the rapid method, as has generally been practiced, there is beginning to be some doubt in the minds of not a few. The shock incident to rapid dilatation may itself kill, to say nothing of the increased danger of the anesthetic when exhaustion is already extreme, but we will refer to this later. For these reasons the gradual method of dilatation has much in its favor, so much so that Norris has recently ventured to say that if possible, under modern aseptic technique, to secure a sterile laminaria tent, it might be considered some day suitable for this purpose. We believe, however, that the hydrostatic bag meets every indication for a slow method, and is not like-

ly to be supplanted by a resurrected and possible sterile laminaria tent.

Elimination is without doubt our sheet anchor, and of the eliminating measures I wish especially to attest the value of repeated colonic irrigation with normal salt solution, with the retention of at least a quart. I have used as much as thirty-five gallons at a time, and it is a measure which should be promptly and efficiently employed. In some instances colonic irrigation will have to give place to hypodermoclysis and intra-venous infusion, as the system may not be able to absorb from the bowel. When the patient is unable to swallow or retain Epsom salts, this should be given in large and repeated quantities thrown slowly into the descending colon by means of the rectal tube. Next to flushing the colon this is a highly serviceable procedure, and should always be availed of.

The utter uselessness, in toxic vomiting, of the innumerable remedies heretofore used with the hope of curing the disease, cannot be too strongly emphasized; and therefore, I believe we should be slow to trust in specific medication, whether internally or locally used. For that reason drugs are not referred to, except those which rank as standards for elimination, the first to be mentioned being calomel, and next the saline cathartics; these should always be given early and with a free hand.

The great danger of delay in the treatment of these cases should ever be borne in mind. To wait until the pulse is small and rapid, the temperature is elevated, epigastric and uterine tenderness present, may mean "too late!" Certainly, if delay has been protracted to what is generally known as the "third stage" of pernicious vomiting, death is most sure to follow. In this stage vom-

iting may disappear, the patient may be able to retain food, and, to the patient's friends, there may be offered a delusive hope that recovery is near; but, alas! the weak and rapid pulse continues, thirst becomes extreme, cerebral symptoms supervene, and coma is but the beginning of the end.

Many cases of persistent vomiting in the early weeks are relieved by dilatation of the cervix to thoroughly rupture its circular fibres. If in doubt then as to the differential diagnosis between neuropathic and toxic vomiting, it is well to try the cervical dilatation before resorting to curettage. It is remarkable how much instrumental treatment the uterus will tolerate in some of these cases. An instance is recorded where the internal os of a primigravida was dilated, the cervical canal was curetted, the cervix itself was scraped free from erosions, pure carbolic acid was applied to the cervix and canal—all of which relieved the symptoms without interrupting the pregnancy.

In concluding this part of the subject, I believe that no man can definitely assert that every case of obstinate vomiting of pregnancy is of toxic origin; yet because so many cases have been shown to be caused by hepatic insufficiency and its resultant toxemia. I am inclined to the belief that we shall reap the best results if we direct our treatment in all cases toward the correction of hepatic insufficiency without waiting for the classical toxic symptoms to supervene.

PROPHYLAXIS OF ECLAMPSIA.

For the pre-eclamptic state, the same prophylactic treatment indicated for the toxemia of the earlier months of gestation, is to be as rigidly observed; for it is well known that the eclamptic tendency is proportionate with the advance of pregnancy and the increased

fetal metabolism. All cases cannot be treated alike. Each case must be treated individually. In general, one must watch not only for the old and well-known signs of kidney failure, but for the general symptoms of a surcharged circulation, viz: high arterial tension, headache, dizziness, etc. If in spite of a strict milk diet, which is the keystone of the preventive treatment, abundant stimulation of the four eliminative processes (bowels, kidneys, skin and lungs) and iron, possibly in the form of Basham's mixture—if, in spite of these, the pre-eclamptic condition becomes urgent and rapidly progressive, the induction of labor is unhesitatingly indicated. This course of procedure is sustained by the statistics of the International Congress of Obstetrics and Gynecology in 1896, as reported by Charles, of Liege Maternity, who stated that every mother recovered and seventy-five per cent. of the children were saved.

As to the choice of method for the induction of labor under these conditions, I am partial to the bi-manual dilatation of the os after the cervical canal has been sufficiently opened by other means (as steel dilators or hydrosstatic bags) to admit of its performance. It is very important to bear in mind that the os must be completely dilated before an attempt is made to effect delivery.

ACTIVE TREATMENT OF ECLAMPSIA.

In the presence of convulsions no routine treatment can be pursued; each case must be managed in accordance with the indications present. The writer has succeeded better with a combined treatment—that is, one that controls the convulsions, eliminates the toxins, and effects the delivery under complete anesthesia by some rapid method which

promises the least injury to the patient.

To control the convulsions, chloroform is the most reliable if given before the seizure is on. It is useless to administer it while the respiratory muscles are fixed. The long-continued use of chloroform is to be avoided, however, on account of its depressing effect on the heart. I believe I have seen cases die because of the too lavish use of chloroform. Next in efficiency to chloroform for controlling the convulsion is *veratrum viride*, especially if the pulse is strong and rapid. Given guardedly, ten to twenty minims, initial dose, of the fluid extract, hypodermically, followed by five or ten minims every half hour, until the pulse is reduced to sixty per minute, the convulsions will be held in check. The writer is partial to the *veratrum* treatment, and up to the present time he has never observed any untoward effect from its use. Should its depressing action go too far, whiskey is a ready and certain antidote. Not only does *veratrum* control the spasm, but under its use the cervical ring is relaxed, and diaphoresis and diuresis are promoted as well. While the patient is under the influence of *veratrum*, not only the eliminating measures, but the steps necessary for hastening delivery can be carried on at the same time.

Pilocarpine is mentioned only to be unhesitatingly condemned. Morphia, I believe to be contraindicated, notwithstanding the fact that many good obstetricians in this country and abroad enthusiastically recommend it.

In chloral hydrate we have a remedy of the greatest value, not only has it the endorsement of the American, but of the French and German obstetricians as well. When it is remembered that Winckel saved eighty-five out of nine-

ty-two cases with large doses of chloral, this remedy must always hold a high place in the treatment of the convulsive stage.

Early and active catharsis must be obtained by croton oil or compound jalap powder or, what is better than all, calomel followed by large and repeated doses of sulphate of magnesia. For the post-eclamptic stupor, the writer has succeeded best with large quantities of a saturated solution of Epsom salts placed high in the colon through the rectal tube. Nitroglycerine has its indications and is frequently invaluable as a diuretic and anti-eclamptic.

Colonic irrigation by the long rectal tube is as efficacious in the presence of convulsions as in the prodromal stage. It is certainly as strongly indicated. After several gallons have been used, one quart or more of normal saline should be allowed to remain in order to stimulate the activity of the skin and kidneys. There is no doubt of the fact that colonic irrigation, properly employed, is a prompt and efficient hepatic stimulant through the medium of the portal circulation, the best evidence of its usefulness being the copious flow of bile that comes down after the irrigation is ended.

Venesection is recommended only when the pulse is very full and strong, and I must confess to a feeling of mistrust in this measure which formerly was almost universally employed in eclampsia. Although many authorities continue to advise it, among them, Hirst, Grandin, Williams, Newell, Fliut and others, yet there are some, Edgar, Cragin and Davis, who seldom make use of it.

To promote diaphoresis I prefer the hot-air bath to the hot pack. The objection to the latter is the difficulty of

knowing whether the moisture on the skin is due to the relaxation from the heat or from the steam of the wet blanket. The hot air bath can be secured in a few minutes by the use of a section of stove pipe with an angle placed over a good lamp, the heat being conducted under the bed clothing which is well pinned down to the bed. Care must be exercised, however, in using the hot-air bath for its prolonged use may cause great depression.

Oxygen is invaluable as a general stimulant for encouraging elimination through the lungs and for supporting life in the post-eclamptic stupor, and for these reasons a tank of oxygen should be on hand, if possible, in every case of eclampsia.

OBSTETRICAL TREATMENT.

The obstetrical treatment, from the American point of view, is the emptying of the uterus as early as possible, and by the most rapid method consistent with the integrity of the mother's parts. American obstetricians are led to this belief by reason of the fact that the mortality of post-partum eclampsia is much lower than that of the ante-partum or intra-partum variety. In addition, convulsions generally cease after delivery. In view of the uniform American plan, it is hard to understand why the German, French and English schools rely on the medical treatment until the cervix is well dilated by the natural processes before they hasten delivery by forceps or version.

The great obstacle to rapid delivery is of course the undilated cervix, both before labor sets in, and even during the early part of the dilating stage. This condition is what has given rise to the divergence of opinion as to the best treatment to pursue. Statistics show that by following the expectant

or "do-nothing" plan nearly all the children, and about one-third of the mothers, are lost.

As to what method shall be employed for hastening delivery we have a choice between the hydrostatic bag, instrumental and manual dilatation, and multiple incisions followed by forceps or version, craniotomy if the child be dead, and finally Cesarean section. With reference to the latter, Charpentier reports a mortality of 36.26 per cent., a very high rate; and, on account of the many objections attending this method, chief of which are atony and hemorrhage of the uterus, I do not believe it will ever be the operation of election.

The most popular method to-day is the artificial dilatation of the cervix and the prompt extraction of the fetus; provided, always, that it is done in a scientific manner; meaning the continued and watchful respect for the cervical barrier, coupled with the scrupulous avoidance of everything suggestive of that horrible and brutal *accouchement force* recommended by the older obstetricians. Clinically, the effacement of the cervix may best be accomplished by (1) rapid method within one hour and a half, (2) slow method, when more time is at our command. For the rapid dilatation the case may demand multiple incisions or instrumental divulsion by some instrument of the Bossi type, or, better, still, be manual stretching of the cervical sphincter. Multiple incisions are best adapted for those cervixes that are very tense, especially in primipare and before the end of the thirtieth week of gestation, and in those explosive cases which demand the most urgent and rapid delivery; but unless the operator is very competent, it would be better not to operate at all. The Bossi instrument I

consider a very dangerous one, except in the hands of an expert. To Dr. F. S. Newell, of Boston, we are indebted for a new dilator of the Bossi type, which is destined to supplant the latter because of its greater safety. Its chief advantage consists in the fact that the power must be applied by the hand, and the instrument is therefore under the absolute control of the operator.

The ideal method is the bi-manual dilatation, because the force is directed from above downward in imitation of Nature's bag of waters, and because there is little or no danger of rupturing prematurely the membranes, and of displacing the original presentation and, finally, because with the hands traumatism of the uterus is reduced to a minimum.

If a slow method is indicated, the Voorhees' hydrostatic rubber bag of the Champetier de Ribes type, is heartily commended. The set consists of four sizes, easy of introduction and positive in results.

Whether the Voorhees' hydrostatic bag is used in the slower method, or the steel instruments in the rapid method, neither device should be relied on to effect complete dilatation, but only as a preliminary measure and a preparation for dilatation with both hands and artificial extraction of the fetus.

Finally, I would let the last word be *elimination*.

114 N. Fifth Street.

In ligating the omentum, it is a good rule never to place a ligature around a piece larger than the width of the finger.—*American Jour. of Surgery*.

Some women are never so happy as when they get a chance to tell of the trouble they have with hired girls.

Posterior Displacement of the Uterus. With a Description of Mayo's Operation.

(By Stuart McGuire, M. D., Richmond, Va.,
Surgeon in charge of St. Luke's Hospital.)

Posterior displacements of the uterus are so common that cases frequently come under the observation of every surgeon, obstetrician and general practitioner. The treatment of the condition, is, therefore, a subject of practical interest to all.

Displacements of the uterus may result from mechanical force, or from increased weight of the organ, or from loss of support from below. Mechanical force is seen to act as a factor in cases where displacements follow a fall; increased weight in cases where displacements follow sub-involution, or inflammatory processes, and loss of support from below in cases where displacements follow patulency of the vagina from laceration of the perineum. Posterior displacements of the uterus are more commonly seen than anterior displacements. They vary in degree and in the character and intensity of the symptoms they produce. A slight deviation from the normal may cause distressing disturbances, and a complete retroversion or retroflexion may not be attended by appreciable discomfort.

The symptoms of posterior displacement when present consist of headache, backache, and sensation of weight and pressure in the pelvis; irritability of the bladder and rectum, inability to walk or maintain an erect position for any length of time; and general derangement of the nervous and digestive systems. Physical examination shows the fundus of the uterus in Douglas' cul-de-sac, and the position

and direction of the cervix correspondingly altered. If the displacement causes no trouble and is only discovered accidentally, the patient should not be informed of her condition. Nothing is more mischievous than the unnecessary information of abnormality, to a sex naturally imaginative, in regard to an organ sentimentally endowed with exaggerated importance. A short experience in any outdoor dispensary will demonstrate the fact that many women have displacements and do not suffer. "Where ignorance is bliss 'tis follow to be wise."

If the displacement does produce symptoms justifying correction then the logical, but not always practical method of procedure is to find the cause of the displacement and remove it. If due to a sudden jar from a fall then the uterus should be replaced bimanually and the patient confined to bed for several days in the knee-chest or Sims' position. If due to increased weight from endometritis from infection, or to a sub-involution from laceration of the cervix then the uterus should be curetted or the tear repaired. If due to diminished support from below laceration of the perineum then the parts should be restored by a plastic operation. Unfortunately most cases of posterior displacement are seen at a date when the primary cause has ceased to be active and when pathological changes have become anatomical alterations. A removal of the exciting factor is then insufficient to correct the trouble, and it is no longer a theory but a condition with which we have to deal. Failing to effect a cure by the correction or removal of the primary cause three different plans of treatment may be followed, either singly or combined, namely, the *postural treatment*,

or an effort to correct the displacement by gravity; the *mechanical treatment*, or an effort to correct the displacement by tampons or pessaries; and the *surgical treatment*, or an effort to correct the displacement by operative intervention.

The postural treatment is carried out by replacing the uterus bimanually and maintaining it in the corrected position by confining the patient to bed for weeks or months in the knee-chest and right or left Sims' position. The plan has only a limited field of application, but it is surprising to find what little discomfort it entails and what good results often follow its judicious and faithful trial. It should be employed where the displacement is uncomplicated, where surgical intervention is declined or contraindicated, and where a modified form of "rest-cure" will probably improve the patient's general condition.

The mechanical treatment consists in replacing the uterus and endeavoring to retain it in the correct position by the use of tampons or pessaries. This plan is endorsed by the leading authorities and is the one most generally resorted to by the profession. Personally, I agree with Lawson Tatt when he said "I hate pessaries and never use them when I can help it. I am not in a position to denounce pessaries as frauds, but I am in a position to confess that as a pessary fitter I am a failure. Repeated and conscientious efforts have not enabled me to accomplish the feat of legerdemain necessary to securely and permanently balance a wabbling womb on a rocking support.

The surgical treatment of posterior displacement of the womb embraces operation by which the organ is placed and held in position by shortening the

ligaments or attaching the fundus to the anterior abdominal wall. The methods practiced are so numerous that I will only briefly discuss the two most popular, viz: Alexander's and ventro-suspension, and then describe a new operation of Dr. Chas. H. Mayo, of Rochester, Minn., which I believe is superior to both.

Alexander's operation consists in shortening the round ligaments extra-peritoneally. It is only applicable in cases where there are no adhesions or other complications. It is a generally admitted fact that it is impossible to accurately diagnose intra-abdominal conditions prior to incision and exploration. Therefore, the advantage claimed for the Alexander operation, namely, that the peritoneal cavity is not opened, is, in my opinion, the strongest objection to it. It is not safer and is more uncertain than other methods.

Ventro-suspension consists in the formation of a peritoneal band between the fundus of the uterus and the anterior abdominal wall. It is performed by opening the abdomen and suturing the parietal peritoneum to the top of the uterus. The advantages claimed for the operation are that it is safe, simple and applicable to all cases as it affords opportunity to detect and correct adhesions and other complications when present. The objections urged against it are that it is an abnormal way of securing the uterus in position; that it forms a band which may lead to intestinal obstruction; that it interferes with the natural expansion of the bladder and may cause dysuria; and, finally, that if pregnancy ensues, it may prevent the normal development of the uterus and produce abortion. I believe all these objections are more hypothetical than real. I have done the opera-

tion on one hundred and fifty patients with no mortality, and as far as I know, with but one failure. In no case has there developed the unfortunate sequelae enumerated; on the contrary, irritability of the bladder has been less frequent than after any other class of abdominal work, and to my knowledge twelve of the patients have become pregnant, gone to term and had normal deliveries.

Mayo's Operation. In August, 1905, while in Rochester, Minn., I saw the demonstration of a new operation for retroversion. It combined all the practical advantages of and did away with the real or theoretical objections to, both the Alexander and ventro-suspension operations. I immediately determined to adopt it and during the past winter I have performed it on twenty-nine patients with most satisfactory results.

The operation corrects the displacement by shortening the round ligaments and thus avoids the formation of an abnormal attachment. It accomplishes this through a single median incision which permits of thorough intra-abdominal examination. It is not "blind surgery" like Alexander's, nor "unnatural surgery" like ventro-suspension. The patient is placed in Trendelenburg's position and a four inch incision is made above the pubis. The hand is inserted and carried into the upper abdomen to explore the region of the gall-bladder. As the hand is withdrawn, the cecum is brought into the wound and the appendix examined. The tubes and ovaries are next palpated and dealt with as required. The uterus is now placed in normal position, adhesions being broken up if present.

Finally, come the steps to shorten

and suture the round ligaments. The cut edges of the anterior fascia of the rectus muscle are located and the overlying structures are separated from it, until the aponeurosis of the external oblique muscle is exposed opposite the opening of the internal abdominal ring. A half-inch incision is made in the aponeurosis immediately over the ring. A pair of curved artery forceps is now taken and the points introduced through the incision in the aponeurosis and through the opening of the internal ring. The side of the abdominal incision is then raised with a retractor and the ends of the forceps can be seen beneath the peritoneum between the folds of the broad ligament. By elevating the handles of the forceps and carrying them outward and making gentle pressure downward and inward the point is made to pass along the side of the round ligament. When it comes within one-and-a-half or two inches of the cornua of the uterus it is pushed through the peritoneum and is made to grasp the round ligament. By withdrawing the forceps the round ligament is doubled on itself and the loop is made to present at the opening in the aponeurosis of the external oblique. It is fastened at this point by two sutures of silk or linen. The same procedure is repeated on the opposite side. The abdominal incision is then closed with tiers of catgut sutures. The operation takes less time to perform than it does to describe it.

Dr. Charles H. Mayo, with his characteristic modesty, does not wish his name applied to the simple but ingenious method he has worked out. He has not been able to find an anatomical title satisfactorily descriptive. At present, he calls it "internal Alexander." This, perhaps, is as good as any

other, for it is a shortening of the round ligaments by drawing them through the ring as in an Alexander. The work being largely done "internal" or within the peritoneal cavity. It is more than an Alexander, however, for, as previously stated, it enables the operator to liagnose and correct unexpected complications such as gallstones, appendicitis, abscess of the ovary, inflammation of the tubes, adhesions of the uterus, etc. It also allows the operator to secure the full thickness of ligaments and to make just the proper amount of traction on the uterus.

Why is the Medical Expert Discredited in Court?

(By W. R. Allen, Judge Superior Court of Carolina, Judicial District, Goldsboro. N. C.)

The subject of this article was suggested by the Editor and I hope to treat it in a practical way, and to make some suggestions which may be helpful to the Medical and Legal professions.

The question suggests that the Medical Expert is discredited in Court and while this is to some extent true, the Law does not discredit him. On the contrary, it says that when speaking of matters within the domain of his profession, and of his knowledge, that his evidence should have peculiar weight with the jury. It is when speaking of matters not within his own knowledge, and when he expresses an opinion based upon the evidence of others that he suffers most at the hands of the Judge and Jury, although he is not always safe when expressing an opinion based upon his own knowledge. There are many reasons for this condition.

One of these is inherent in the profession and will not be entirely cor-

rected until the profession ceases to grow and to advance in knowledge. The fact that each day more is known of the human body, of its diseases and injuries and their treatment, and the knowledge that the theory and practice of to-day may be rejected to-morrow have the tendency to make the physician, who is really learned and competent, slow to express an opinion, and when he does so, it is with qualifications which raise doubts as to its soundness. It is generally only from the ignorant or unscrupulous that you may expect the positive opinion.

This may be remedied to some extent by making more stringent the rule as to admission as an expert witness, and by giving more latitude as to the expression of his opinion. When a question is propounded to him he should be allowed under the instructions of the Judge to answer in his own way, giving divergent views, if there are such, the opinion he has adopted, and upon what it is based.

I am inclined to believe that the hypothetical question ought to be entirely abolished. When used, the failure of the jury to find one fact embraced in the question, justifies the rejection of the opinion, and frequently it is so framed that you may get the opinion of the witness upon the question, but not on the matters involved in the case. In the hands of a skillful lawyer, it may be used to discredit the witness, and to present apparent inconsistent statements, when there is no foundation for the charge. If on the examination-in-chief an opinion is expressed on a given state of facts, it is not difficult on cross examination to add a fact or omit one, and elicit an opinion apparently in conflict with that already expressed.

Another difficulty is with the Judge and Jury. In worldly matters men are not likely to have much faith in those things they do not understand, and as the Judge and Jury are inexperienced in the matters about which the expert is called to testify, he stands discredited unless he is understood, and his opinion appears to be reasonable. The remedy is simplicity of language and clearness of expression.

Another trouble is with the expert. He is frequently not an expert and is ignorant as to the matters about which he testifies. If he has his license and says that upon the assumption that certain facts are true, he can express an opinion satisfactory to himself, he is admitted as an expert witness, and may testify as to the full range of human ills. He may testify as to the most difficult problems of the chemist and surgeon and the delicate workings of the mind. He is not required to show actual experience, although an expert is no more than an experienced man, and he may express an opinion upon certain facts, when he has never observed the operation of similar facts. In other words, his opinion may be entirely theoretical, based on reading alone, and strange to say, the books in his profession, upon which he relies, may not be introduced to contradict him.

There should be a stricter definition of the expert and he should be required to show practice and experience as well as theory. The remedy for this is with the members of the medical profession, as they alone have the technical training to determine who is a real expert in their profession, and they must work out the means of ascertaining them.

The rule of admission as an expert

is to say the least a strange one because it practically makes the witness the Judge of his own competency. If it is possible to have his qualifications determined by the Medical Profession, it ought to be done before he is selected as a witness, and should be by some standard agreed on by the profession. The ignorant witness is usually discovered, and like the shyster in the legal profession, he not only stands discredited himself, but also to some extent discredits his profession. The greatest evil comes from the manner of his selection. He goes upon the witness stand in the employment of the party who calls him, and has been paid more than the ordinary witness. When these facts appear it is difficult to convince a Jury that his opinion is not bought. He has associated, so far as the case in hand is concerned, with the side he is called to sustain, and has to some extent become a partisan. He has made his investigations for the purpose of sustaining his side, and we are so constituted that we are likely to find what we start in search of. The party who calls the expert as his witness is disposed to disclose his whole case to him, while he will conceal from the expert of the opposing party. Under these circumstances, the natural result is a difference of opinion among the experts.

Existing conditions make the position of the medical expert an unenviable one. He comes into Court to express an opinion upon a matter not generally known, or easily understood; he uses language familiar to his profession but to no others; he admits he is paid by the party who calls him, and he is contradicted by one as eminent as he is in his profession.

What weight will you give to his evidence?

The questions upon which the Expert may be called should be limited and he should not be a witness except in cases of difficulty and when he is shown to have special training and knowledge.

He should be called by the Court, and should be the witness of the law.

If there should be more than one, they should be required as far as practicable to make their investigations and examinations together, that their opinions may be based on the same facts.

If he is to be paid by the party calling him, there should be an agreement as to compensation before he makes his investigation, and the amount of the compensation should not be dependent on the opinion expressed or the result of the litigation.

The Department of Medicine and Sanitation at the Jamestown Ter-Centennial Exposition.

(By R. L. Payne, M. D., Medical Director, Norfolk, Va.)

The history of all the great Expositions, has demonstrated the necessity of establishing as one of its most important factors a department of medicine and sanitation. The character of the architecture, the handling of the very heavy timbers required in bracing the spacious buildings and wide spreading roofs, the great amount of mill work being done, by oftentimes unskilled labor, the very rush of the work and the multitude of men employed during the construction period all lead to the occurrence of many accidents. Humanitarianism demands that those seriously injured shall be cared for and the very exigencies of Exposition building suggests the importance of attending to even small accidents and minor cases

of illness promptly on the grounds, in order that as little time as possible may be lost by employes from work that must be pushed relentlessly on. During the Exposition period it is none the less important that medical aid be ever at hand. The Exposition grounds are daily filled with people of every age and clime, and everything must be done to render safe the coming of the weak and infirm, the old and the young, the careful and the careless, the cautious and reckless for of all such is the Exposition throng made up. And so when first the celebration of the ter-centennial of the first settlement at Jamestown was projected a few earnest and patriotic men carefully considering each necessary step to the successful consummation of their hopes and plans wisely determined to establish a department of medicine and sanitation and place in control a Medical Director. The following paragraph from the by-laws of the Company define the duties of the Medical Officer: "There shall be a Medical Director who shall have charge of the Medical and Hospital service of the Exposition previous to and during the period of the Exposition and who shall be ex-officio member of the committee on Sanitation and shall have the right to inspect and pass upon all questions affecting the health of the employees and patrons of the Exposition." On February 19, 1905, the Board of Directors in annual meeting honored me by electing me Medical Director of the Jamestown Exposition Company and I was requested by the Board of Governors to organize the departments of Medicine and Sanitation. This I proceeded to do at once, under approval of the Board of Governors. The work of preparation has gone steadily on and it may not be uninterest-

ing to the public and profession to know what has been accomplished and how well they may expect this department to accomplish its work. The Exposition grounds are beautifully situated on high ground fronting on Hampton Roads and the first thing advised by this department and promptly carried into effect by the Exposition authorities was the installation of a complete system of sewerage and underground drains for surface water. All low places in and out of the grounds for a mile around, were carefully drained to get rid of all chance for mosquitoes and malaria and all superfluous vegetation destroyed. I know of no Exposition where the work of preparation for the best sanitation has been so thoroughly done and is so complete as that on the Jamestown Exposition Grounds. The next thing to be accomplished was the bringing into the grounds of an abundant supply of pure water and at this point the City of Norfolk stepped in the breach promptly laying an extension of its water mains a distance of seven miles and bringing to the Exposition a supply of water plentiful in quantity and of exceptional purity. The water is drawn from fresh water lakes surrounded by well protected water-shed and is filtered in most approved fashion before being pumped into the city so that few cities can boast of a water supply so free from germ life and in every way of such exceptional purity. The first building projected and the first to be finished as well was the Pocahontas Hospital, in which all emergencies, either medical or surgical will receive the necessary attention. This is a pretty little building, exceedingly compact and convenient in arrangement with offices for the Hospital Staff,

store room, diet, kitchen, male and female wards, sterilizing room and operating room on the first floor while on the floors above are the dining room, kitchen and sleeping apartments of nurses and resident physicians. The furnishing of the Hospital will be complete in every particular. The Kny-Scheerer Company, of New York City, having been selected to furnish the building they will leave nothing undone to show how completely a modern hospital may be supplied with every comfort and convenience to both doctor and patient and the visiting physician will see in the Pocahontas Hospital the newest and best in the way of hospital supplies. All surgical dressings, sutures, ligatures, drainage tubes and other necessities for the dressing of the wounds are to be furnished by Van Horn and Sawtell, of New York, and the Medical Director congratulates himself that he has been able to provide for the exclusive use of goods of such unquestioned reliability.

The beds and mattresses were selected from the stock of Mr. Frank Hall, of New York City, whose reputation as a manufacturer of this line of goods is among the best.

The Staff of the Hospital will consist of the Medical Director and three assistant physicians all of whom have had previous hospital experience, a head nurse, and three assistant nurses. The assistants will be selected from a long list of applicants all with fine recommendations so that we have every reason to expect an exceptionally fine service. Throughout the building and holding of the Exposition the greatest attention will be paid to the sanitation of the grounds. Human excretions are carried away by the sewers while all garbage proper will be burned.

in a crematory built after the most approved plans. During the Exposition period the grounds will be daily inspected by a competent corps of sanitary inspectors. Every toilet room, restaurant, water-stand, soda-fountain and concession will be daily looked into and every nuisance abated at the cost of the Concessionaire. Any failure to comply with the rules of sanitation will mean the forfeit of all privileges within the grounds.

The Hospital is connected by tele-

phone with every part of the grounds and an ambulance will be ready at all hours to respond to emergency calls. It will be seen then that every precaution possible is being taken to insure the health and happiness of the visitor and all may come safe in the assurance that should emergency arise it will be promptly relieved by skilled attention under the best of conditions and that every precaution will be taken to preserve the health and happiness of the visitor.

ABSTRACTS.

Why Gastro-Euterostomy is Not a Harmless Operation.

(Annals of Surgery.)

Portis states that there has been such an alarming increase in the number of gastro-euterostomies in the past few years, that in the mad rush the conservative indications against such a procedure have been too often forgotten. He states: 1. The stomach may be looked upon as an organ for the protection of the bowel. The normal functions cannot be improved upon by any operation, and gastro-euterostomy is at all times a dangerous operation. 2. The functional disorders of the digestive tract which occur after gastro-euterostomy and may seriously interfere with nutrition, and the severe diarrhoeas which may come on, are due not only to the premature emptying of the stomach, but also to the failure of neutralization by the bile and pancreatic juice of these acid products. This deficiency of bile and pancreatic juice is due to the absence in the duodenum of the hydrochloric acid, which stimulates both of these to flow. 3. The numerous recorded cases of ulcer of the jejunum following gastro-euterostomy and their persistence of

symptoms, if not fatal termination, lead us to advise gastro-euterostomy only as a last resort. 4. The neurasthenic individuals who suffer from chronic dyspepsia not only are not benefited by gastro-euterostomy but are made worse. This also applies to dyspepsia due to imperfect mastication. 5. The so-called atonic dilatation of the stomach and gastro-ptosis are never benefited by gastro-euterostomy. 6. No operation is indicated in acute ulcer, unless perforation is imminent or has occurred, or serious hemorrhage compels it. 7. Gastro-euterostomy is not indicated in chronic ulcer of the stomach, unless there are repeated small hemorrhages which menace life, grave adhesions, or persistence of marked symptoms even after prolonged and thorough medical treatment. 8. Gastro-euterostomy should always be done where the natural evacuation of the stomach is impossible pyloro-plasty or gastro-duodeno-stomy are not feasible. This includes the cases with mechanical obstruction due to hour-glass contractions or disabling perigastric adhesions, when the operation is done it is best to close off the pyloric opening.

Vaccine Therapy and Passive Hyperaemia in Surgery.

(*Surgery, Gynecology and Obstetrics.*)

Hollister states that in order to secure the best results in general surgical work to-day, one must combine: 1. The most approved method of surgical technique with 2. Vaccine therapy, such as has been of late made practical by the work of Wright, and 3. The working methods of hyperaemia as have been so strongly advocated by Bier and others. The Surgeon can in no case remove all of the infection and that it is only due to the fact that the organism is able by mechanical and chemicophysiological means to meet, combat, and throw off this irritant, that the restoration of health is possible. Bier's method represents the mechanical and Wright's a certain part of the physicochemical factors. Wright has developed to a definite practical working basis the use of "vaccines" for tubercular, staphylococcal, and streptococcal infections.

He has developed a clean cut laboratory technique whereby one can in most cases not only diagnose the individual infection but can accurately judge the effect on the patient of the vaccine given from dose to dose. In an elaborate paper which follows he describes Wright's working technique and reports a number of his own cases.

Safety in Marriage.

A. H. Burr, Chicago (Journal A. M. A., Dec. 8), pleads for sanitary regulations that will guarantee the safety of woman in the marriage contract. The prevalence of venereal diseases, especially gonorrhea, which is the cause of the ill-health of so many innocent women, demands special protective legislation. "To insure a sanitary marriage

it is imperative to establish a quarantine station before the marriage license window over whose gate should hang this legend: No Health Certificate, No License." He commends the North Dakota law which requires all applicants for the marriage license to present a certificate from a medical examining board of three physicians, appointed by the county judge, showing freedom from venereal disease, habitual drunkenness, insanity, and tuberculosis. He appeals to physicians to give their influence and support for the enactment of satisfactory laws to restrict and to suppress the contagious perils of venery. Only by this can we count on a reasonable guarantee of safety to woman in the marriage contract.

Peripheral Versus Intercranial Operations for Tic-Douloureux.

(*Surgery, Gynecology and Obstetrics.*)

C. H. Mayo states that the effectiveness of remedies for the cure of a disease is usually in inverse ratio to the number. He enumerates a few of the many internal and external remedies and some of the operative measures that have been devised for the relief of social neuralgia. He states that the pathology of the complaint is probably an ascending change in the periphery of the nerve, which may be entirely in its vascularization. That removing the ganglion prevents regeneration. That the changes in the ganglion, claimed by some observers, may not ultimately be proven, otherwise only intercranial operations would be indicated. Motor nerves require a very favorable opportunity for reunion and it is a most difficult matter to prevent the regeneration and return of the function of the sensory nerves. It is from this fact that most of the peripheral operations for

tic-douloureux have been failures. The operation for the removal of the Gas-serian ganglion takes from 1 3-4 to 3 hours with a mortality from 10 to 15 per cent. with over 5 per cent not completely cured. The operation may be employed as a primary method where all the branches are involved and where other methods have failed and in certain cases, especially in involvement of the supra-orbital. The supra-orbital and buccinator being almost impossible to cure by peripheral operations. Following a report of Dr. Albi's advocating the intercranial implantation of rubber tissue to cover the foramen of exit of the various branches of the trigeminal after their resection. Dr. Mayo removed the infra-orbital nerve by torsion and plugged the canal with a silver screw. He later plugged the infra-dental canal, after extraction of the nerve, with lead, soft silver or amalgam, removing the gustatory nerve at the same time. In inter-cranial operations where the ganglion cannot be removed he uses a silver plate.

smaller dropper. This inhaler used is the improved Esmarch, with two thicknesses of stockinet (frame boiled and stockinet changed after each patient). She talks to the patient all the while to gain his confidence, but she does not allow him to talk or count or breathe deep. She holds that suggestion is a great aid in producing a comfortable narcosis. The patient is placed in position on the table before being anaesthetized and his preparation is begun at the same time as the anaesthetic. She relies upon his respiration, color, and relaxation of the jaw as to the stage of the anaesthesia. Respiration is of very much more importance than the pulse and only the inexperienced take the pulse and touch the conjunctive when giving ether. Gall bladder cases are very difficult on account of the nearness to the diaphragm; stomach cases are prone to be followed by pneumonias, and very little ether should be used. She thinks nurses make better anaesthetists than physicians because they have no ambition to become surgeons.

A Review of Over Fourteen Thousand Surgical Anaesthesias.

(*Surgery, Gynecology and Obstetrics.*)

Alice McGraw states that at St. Mary's Hospital their preference of anaesthetics has always been ether. They have tried all of the combinations but have always come back to the "drop method" of giving ether. They use a four-ounce ether can and fit an ordinary cork with a groove on either side into its mouth, fill one groove with absorbent cotton and let it extend out of the can about one inch, regulating the drop by the manner in which the point is clipped. She uses two cans, one with a large dropper until the patient is fully anaesthetized, and then one with a

Renal Tuberculosis.

L. Freeman, Denver (*Journal A. M. A.*, Dec. 22), remarks that the old notion that renal tuberculosis was secondary to that of the bladder is now exploded and its hematogenous origin is very generally recognized. This view, supported by clinical experience, is also supported by the experimental findings of Baumgarten that tuberculous infection in the genitourinary system follows the flow of the secretions, from the testicles to the prostate and from the kidneys to the bladder. Renal tuberculosis is generally at first unilateral, and in spite of the fact that it may occasionally become latent for longer or shorter periods, its usual course is progressive.

and experience has demonstrated that early nephrectomy, before involvement of the bladder occurs, is the best treatment for unilateral renal tuberculosis, provided the general condition of the patient permits. The existence of tuberculosis elsewhere, if not too far advanced, is not a contraindication; even bad cases of vesical tuberculosis may improve or recover after operation, as has frequently occurred in Freeman's experience. It should be remembered, too, that the tuberculous disease of the bladder is often only apparent, as a reflex from the kidney or the result of irritating discharges. The one essential to be kept in view is that the other kidney must be sound, both as to function and tuberculosis, and an occasional exploratory lumbar incision may be required, though as a rule this is ascertainable by other well-known methods. The weight of authority is against partial nephrectomy, and nephrotomy is never indicated except to relieve suffering in case nephrectomy is impossible. It can not cure, and almost always leaves a troublesome urinary sinus. The removal of the ureter is not ordinarily indicated. If sinuses result they usually heal after nephrectomy. Fourteen cases are reported and discussed.

Schlosser's Treatment for Trigeminal Neuralgia.

(*Medical Record.*)

Kiliani states that Schlosser of Munich by experimenting had found that an injection of about 1 or 2 C.C. of 80 per cent. alcohol into a sensory nerve will produce, after a short period of pain, a complete anaesthesia, which disappears after a number of days, usually about 5 or 6, with the return of the sensation the neuralgic attacks disappear. Schlosser has devised for his in-

jections a set of needles with thick tubing so that no arteries or veins are injured. He injects directly into the foramen from which the nerve emerges. Thus the supra-orbital foramen for the supraorbital branch, the infraorbital foramen for the infraorbital branch, and through the inferior dental foramen for the inferior dental branch. Where all the branches are involved he injects the ganglion. In some cases he injects into the foramen ovale or rotundum. It requires considerable skill with training on the cadaver to acquire the technique, also a large amount of clinical experience to enable one to judge which branch to treat, one or several, and when to attack the ganglion. The first injection is usually followed by another on the second, third, and if necessary on the fourth days. The patients are usually cured until a recurrence sets in, which usually takes place after ten to fourteen months. Then the attacks are lighter, and yield to one or two injections. That the injection, if executed by a specially trained and skillful surgeon, guided by experience, is without danger and in its effect is little short of marvelous.

The Treatment of Asthma.

De Lancey Rochester, Buffalo (*Jour. A. M. A.*, Dec. 15), believes that while there may be a hereditary tendency in a very few cases, most cases of asthma thus credited are due to neglect of catarrhal affections of the upper air passages in early life, producing pathologic hypertrophies of the turbinates, of Luschka's tonsil and faucial tonsils. These conditions tend to bring about a condition of pulmonary emphysema with imperfect oxygenation, resulting in the autointoxication revealing itself in the asthma. Cases developing later

in life are due likewise to imperfect metabolism and autointoxication, the causes in such cases being the habits of life of the individual, among which Rochester includes overeating, constipation, sedentary life and insufficient use of the lungs in an imperfectly oxygenated atmosphere. The chief evidences of the autointoxication are the degree of acidity of the urine and the degree of indicanuria present. He has never had a case of asthma under observation in which there was not, when first seen, a strongly acid urine which deposited on centrifugalization urates and uric acid or calcium oxalate, and showed a pronounced reaction for indoxyl sulphate. The treatment in his opinion, should consist mainly in proper attention to the upper air passages and **nutrition in early life**. If seen later, much can be done to prevent recurrence of the attacks by correcting obstructions in the upper air passages and other sources of irritation of the nervous system; but, above all, by so regulating the intake of food and stimulating the elimination of waste products that a proper metabolic balance can be maintained. As regards the treatment of the immediate attack, he has nothing new to recommend. The main treatment of the disease above outlined requires a most careful study of each case and the prescribing of a mode of life as indicated by the findings.

Whooping Cough and Its Treatment by an Improved Abdominal Belt.

Dr. Theron W. Kilmer said that since writing his first paper three years ago upon the treatment of pertussis by means of a slightly constricting elastic abdominal belt, about 95 per cent. of the cases had been positively benefited, and this was especially true with regard

to the cessation of the vomiting. The first belt was composed of a long strip of silk elastic webbing placed over a stockinette band. The new belt was made of linen with a strip of elastic webbing of silk two inches wide, inserted on either side. This gave the belt elasticity, yet did not add materially to its weight. It laced in the back, and was worn over the undershirt or band. The width for infants should be about four to five inches, and for older children from five to eight inches. The length of the belt should be such that when complete it should measure three inches less than the circumference of the abdomen at the navel. The degree of constriction should be determined in each individual case: usually a slight degree of constriction was sufficient to produce a moderation of the cough and a complete cessation of the vomiting. If after applying the belt the symptoms do not abate, tighten it slightly. In dispensary cases and where parents could not afford the belt, he used ordinary muslin binder with satisfactory results.—*Medical Record*.

In an address on "anti-narcotics" Mrs. E. B. Ingalls, of Missouri, said: "Give the boy a chance will be the watch word of the narcotic department the coming year. To do this we must first clear the home of his father's cigar, of his pastor's cigar, of his teacher's cigar, of his brother's big pipe, of his sister's soothing syrup and of his mother's headache powders. If the air was free from smoke and the medicine closet from opium and kindred drugs, our little men, and our little women also would have a cleaner inheritance and a better hold on health and immortality."

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An Inappropriate Time.

This story is vouched for by the Baltimore American. The following incident fell under the observation of one of the best-known members of the faculty of the Physicians and Surgeons' Medical College recently:

An Irish woman was ill—more seriously so than she had thought. On careful diagnosis it was found that extreme care was necessary in her case, so the attending physician said:

"I suspect it will be absolutely necessary for you to have a trained nurse."

"Oh, now, doctor!" exclaimed the patient, "do yez know that's been something I've alvez jist longed t' have in the house. It's alvez been me ambition t' have a thrained nur-rse at some time or another. But, docther, honest t' goodness, I'm feelin' that bad jist

now I don't belave I'll be able t' wait on wan of them!"—*The Doctor's Fac-totum*.

Dr. Foxwell says, in the Therapeutic Gazette: "For the frequent, dry, hacking cough of acute bronchitis, some medicament is needed which will moisten the tubes. Pilocarpine in doses of from 1-60 to 1-30 grain every four hours may act excellently in this way. For less urgent cases, iodide of sodium is perhaps the best drug, given in three-grain doses six times daily. To either of these, if the cough be extreme, a mild sedative may be added, as five grains of bromide of sodium. Preparations of opium should not be used, as they tend still further to dry the bronchial mucous membrane."—*The Medical and Surgical Monitor*.

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EDITORIAL.

The Opprobrium of the Medical Expert.

We consider ourselves peculiarly fortunate in securing for our readers the most excellent paper dealing with the doctor before the courts, from Judge Allen, presented in the department of Original Articles of this issue.

Judge Allen is well fitted for the task undertaken, by his long experience at the bar and his position on the bench for many years. Add to this a lively interest in the subject, and an earnest desire to improve the conditions as they now exist and we have the paper here presented.

It is very fortunate for the medical profession that presiding Judges and members of the bar do not always see this subject in the light in which Judge Allen places it.

The court may not and probably does not in the majority of cases really wish to bring reproach upon the profession. Yet the treatment received by the expert is far from courteous in a large per cent of cases where he is called.

One of the reasons for this is noted by the author of the paper in the character of the witnesses posing as experts, for it is unfortunate again, that physicians are of the placed upon the stand as experts, who are totally unfit for giving evidence as such. The question might arise here as to where lies the responsibility of placing unprepared witnesses on the stand, with the attorney or the witness himself.

We most heartily endorse Judge Allen's suggestion to abolish the hypothetical question entirely. This has been our opinion for over thirty years since, in our first year's practice, we had to answer a hypothetical question in court propounded by the Judge's honored father. They are unfair to the witness, rarely is it full enough to justify an opinion, and its framing and presentation is a menace to the witness, and if not self-possessed, confusing also.

In discussing this subject with Judge Allen we requested that he tell us wherein we were at fault, and how best

to remedy the fault. One feature of our short-comings is glaring, viz: The unpreparedness or ignorance of the witness, on the questions under consideration in many cases. This probably brings more discredit on medical expert testimony before courts and juries than all other causes combined. Judge Allen's suggestion is that the qualifications of the medical expert should be determined by the members of the profession. But how is this to be done? Or in what way can the courts be induced to use the physician's advice as experts?

With a county medical society in almost every county, it would be an easy matter to select one or more well qualified physicians, whom the society could recommend as experts in most medical and surgical cases. Yet this would not meet the indications for all cases, for it is manifestly impossible for any one man to be an expert in all the departments of medicine. An expert should have special knowledge of the subject of which he is to be examined, and any selection by the profession would have to be based on information as to the subject under investigation if it be otherwise than general medicine or surgery, of which it is presumed all educated physicians are qualified to speak.

But suppose a county medical society has designated one or more of its members to be used as experts before the courts. Men in whose judgment character, integrity and qualifications the society has every confidence and in whose hands it is willing to trust the honor of the profession. What assurance has the profession that they will be used as such by the attorneys representing opposite interests or even by the court itself?

Would it not be considered an impertinence to the court to suggest whom it should call as an expert in case one was needed?

The conclusion reached by Judge Allen that the expert should be called by the court and be the witness of the law, if accepted by the courts, would make it necessary that the presiding Judge should make the selection. In the large majority of cases, he must depend on the advice of some one else for his selection, why not the medical society of the county in which the court is sitting?

Dr. P. L. Murphy made the suggestion several years since that medical experts in any case before the courts ought to have a conference or consultation, and adjust any difference before going on the stand, and Judge Allen brings this out in his final conclusions. It would, if carried out, obviate many difficulties, and avoid much of the discredit with which the expert is now encumbered.

Race Suicide.

No class or profession should be more interested in the ratio of births to the death rate than the medical profession, and because of this, the utterances of the President in his message to Congress recently assembled will be of interest. In discussing the subject of marriage and divorce, he holds that Congress should have the power to pass statutes regulating them, even if an amendment to the Constitution is necessary to give it this power. The following clipping gives in terse and concise language the reasons why these matters should be controlled:

"When home ties are loosened: when men and women cease to regard a worthy family life, with all its duties

fully performed, and all its responsibilities lived up to, as the life best worth living, then evil days for the commonwealth are at hand. There are regions in our land, and classes of our population, where the birth rate has sunk below the death rate. Surely it should need no demonstration to show that wilful sterility is, from the standpoint of the nation, from the standpoint of the human race, the one sin for which the penalty is national death, race death; a sin for which there is no atonement; is sin which is the more dreadful exactly in proportion as the men and women guilty thereof are in other respects, in character, and bodily and mental powers. those whom for the sake of the state it would be well to see the fathers and mothers of many healthy children, well brought up in homes made happy by their presence. No man, no woman, can shirk the primary duties of life, whether for love of ease and pleasure, or for any other cause, and retain his or her self-respect."

Second Rate Postage.

In order to reduce the yearly deficit in the postoffice department, the Third Assistant Postmaster General proposes to increase the postage rate on newspapers 400 per cent. If this is done, many papers must go out of business or the postage must be paid by the subscribers. It is well understood in railroad circles that a "mail contract" pays handsomely, and who can doubt it. when the government pays five cents per pound for the haul, the average length of haul on newspapers being 300 miles. The whole matter is clearly stated in the following which we clip from the Charlotte Observer of Dec. 28th:

"We want all of our people, and especially the Senators and Representatives in Congress from North Carolina to know all the facts, direct and collateral, bearing upon the monstrous proposition of Third Assistant Postmaster General Madden to put the newspapers of the country out of business by increasing the rate of postage on them from one cent a pound to five cents. We are therefore copying a part of a recent paper of the executive committee of the Minnesota Press Association:

"The present rate of 1 cent a pound (\$1 a hundred pounds) is ample pay for the second-class mail. The Canadian rates are less than ours by one-half, and yet Canada has no postoffice deficit. The Canadian rates are as follows:

"The first forty miles, free.

"The first 300 miles, a quarter of a cent a pound.

"Over 300 miles, including all over Canada and the United States and the entire postal union countries, a half a cent a pound.

"As Canada gives these rates and yet has no deficit, why does the United States have a deficit with double the Canadian rates?"

* * * * *

"Assistant Postmaster General Madden declares that 'publishers are subsidized' because they pay the government only one cent a pound, whereas the government pays for the mere railroad haul on second-class mail five cents a pound, besides two cents more for 'distribution.'

"If so, who is subsidized, in view of the fact that express companies solicit the business of hauling second-class mail at the following rates:

"One hundred miles at a quarter of a cent.

"Two hundred and fifty miles at half a cent.

"Five hundred miles at one cent.

"These are the general express rates, and as express companies are private business enterprises they make a profit at these rates after paying the railroad companies.

"The average distance that second-class mail is hauled is less than 300 miles; hence at express rates the average cost of the railroad haul is only half a cent a pound.

"Why, then, should the government pay the railroad five cents for identically the same service that the same railroads give to express companies at half a cent? Why should the government pay ten times as much as a private corporation pays?

"But in some cases even the above express rates are beaten. The American News Company gets newspapers and magazines hauled by express from New York to Boston at one-fifth of a cent a pound!

"Yet the Third Assistant Postmas-

ter General, Mr. Madden, says publishers are recipients of a subsidy because they pay the government only five times as much per pound as the American News Company pays an express company!"

"This is conclusive. We do not believe that even with all the rubbish that the Postoffice Department admits to the mails as second-class matter, which rubbish should be outlawed or be made to pay a far higher rate of postage, the government loses money in the transportation of second-class mail matter. If so, how does the Canadian government make money carrying it at a much lower rate, and why do the express companies seek the business at a much lower rate than that at which it is transported through the mails. If the government is paying the railroads more for carrying the mails than the service is worth—and it is—that is no reason why the newspapers should be punished.

A thoughtful consideration of the facts above presented, by our Senators and Representatives, is respectfully invited.

SELECTED PAPERS.

Obstetrics--The Dark and Bright Side

By A. Kessler, M. D., Carroll

On reviewing the various papers on obstetrics and gynecology read before this society within the last ten years, my courage almost failed me to also venture to contribute something worthy the attention of this scientific body. As it falls to the lot of but few of us to be original investigators, due largely to the bread and butter problem, we can, at best, but give our experiences and conclusions drawn from actual life. I think it was Alexander

Pope who said: "The proper study of mankind is man and all our knowledge is ourselves to know."

To have been present at the ushering into this world of a human being under normal conditions; to have witnessed the apprehensions, emotions, and finally, the unalloyed parental joy, is something inspiring and sublime. On the other hand, to have seen the fondest hopes of our best friends shattered; to have seen the young life sniffed out under our very hands; to have seen a fond mother even com-

pelled to offer up her earthly existence that she may give life to a new being, or, perhaps, even perish with it, is a tragedy overwhelmingly depressing and never forgotten by the physician. Lives there a disciple of Aesculapius who is not susceptible to these bright and dark sides of obstetrics? Who has not nearly run the gamut of Shakespeare's seven ages of man, and looking backward, seen looming up on the horizon black clouds, some with silver lining true enough, which involuntarily recall scenes the acme of tragedy and disaster.

Obstetrics, like other branches in medical science, has undergone a process of evolution. *Cosmos* has followed chaos, and, at present, it is a distinct and separate branch of the medical sciences. Ideas and methods pertaining to the practice of this branch have not been staid and fixed, but have varied as the ages rolled by. Time and experience add to the sum total of our knowledge, the dross is thrown overboard, and the pearls are garnered in the storehouse of medical lore.

Not many years ago antiseptics and asepsis made their impress on obstetrics as well as upon surgery in general. To thoroughly cleanse the parturient internally and externally was an absolute necessity. Intra-vaginal douches before and during labor, post-partum intra-uterine irrigations, and above all, the toilet of the *mons veneris* and its adjacent hirsute neighbors, tonsorially, were considered as absolutely necessary. To have neglected any of these would have given the doctor a poor standing in court. Papers innumerable were launched forth, pertaining to this subject, giving methods and solutions to be used, in order to destroy the pathogenic micro-organisms and to

counteract the effect of those not destroyed. The idea seemed to prevail that the vagina was simply an incubator, so to speak, the bacteria of which constantly threatened the uterus, especially after being emptied of its contents. Hence the latter needed frequent flushings so as to dislodge and destroy the invaders. Asepsis and anti-sepsis seemed to run riot.

Immediately a reaction set in. Less radicalism prevails to-day. Nature makes few mistakes. The intelligent physician truly can assist her, but he must not antagonize her inexorable laws. The uterus, emptied of its contents, naturally needs no interference on the part of man.

The vagina has also been found not to be so death-dealing a receptacle and hot house of disease as many had wrought themselves up to believe. Its natural secretions and excretions, it was learned, have some functions to perform, not the least of which is the destruction of germs which might find entrance. Thus it becomes easily apparent that the greater part of the solicitude and apprehension of the thoroughly aseptic accoucher were unfounded and needless, especially in so far as normal cases are concerned. There is, of course, such a thing as asepsis or antisepsis rather unwisely applied. The parturient tract may become abraded or irritated by too severe application so as to produce a trië for infection.

In how far disinfection, or cleansing, rather, the external genitalia should be subjected to, may long remain a matter of dispute. It might be conducive to the best interests of all concerned if they be thoroughly cleansed in the ordinary sense of the term.

As quite a considerable proportion

of our obstetric work is done in the homes of those where personal cleanliness seems to be a matter of minor importance, we are handicapped at the very outset. Again, frequently we arrive during the latter part of the second stage of labor, so that the ordinary cleansing of the hands is barely possible before administering to the relief of the sufferer.

Whether the physician should be clad in something resembling an operating gown; whether his whole obstetric armamentarium should be exposed; whether rubber gloves should or should not be worn, must remain largely a matter of individual opinion. No hard and fast rules can be laid down and strictly followed. Gloves should certainly be worn where there is danger of infection from exposure of the hands. If in recent attendance on exanthematous cases the clothing should have been disinfected. As at matter of protection to himself the doctor should wear rubber gloves when in danger of infecting his own hands. It seems to me we should use common sense and discretion in these matters, and not go to extremes simply because some well-advertised so-called authority has simply devised a new way to get a little more notoriety. Many nervous women will not tolerate very elaborate preparations. If we use the ordinary methods of cleanliness; make as few vaginal examinations as possible; abstain from anointing the examining digits with the ointments proffered us, we will certainly have done our duty, especially in so far as the majority of cases are concerned.

Picture to yourselves an expectant mother, long in delicate health, pale, anemic and listless; the ordeal over, convalescence is slow and partial only;

pelvic pains remain, tubal complications become aggravated, and a nervous wreck is the result. Perhaps the child's eyes need constant and skillful treatment from the moment of its birth; perhaps blindness already supervenes. The innocent mother ignorant of the true cause of her ailment and that of her offspring never suspicions that the lecherous, bestial, sensual biped in whom she confides and calls her husband, has placed her life in jeopardy; has deprived his own child of one of its five senses, and has doomed his devoted wife to a life of misery and gloom. Such gentry usually pose as social lights and knights of gallantry. Freed from fear of exposure they suffer none of the torments and pangs they have caused to others. The poor medical attendant, in order to shield them, often stultifies himself, and has maledictions heaped upon his head by all concerned as well as by their friends.

To be covertly accused of having blinded the child afflicted with ophthalmia neonatorum, by the application of improper remedies, is almost too much for a human to bear. Although never having had such a misfortune, it seems to me that in such and similar cases, where silence is enjoined on the physician, and his tongue sealed by law, some relief should be afforded him, by which he could set himself aright before his fellow men. This represents one of the dark phases in the life of the obstetrician. The unpleasantness of the whole situation does not end here, however. Like Banquo's ghost, the specter of the picture drawn will not down. The unhappy victim drifts from one office to another seeking relief, usually terminating in some hospital, partially or completely

unsexed, attributing her deplorable condition all the while to the mismanagement of the obstetrical attendant.

Another causative factor, contributing to embitter the doctor's life, is the prevalent unwillingness to take up and accept the joys and tribulations of motherhood. Recourse is had to all conceivable methods and devices to prevent conception; this failing, to abortion. That these practices are weakening and enervating to its devotees is too well known to need further comment. Such patients have no stamina or recuperative power. Convalescence is long and tedious, never complete. Years of these unnatural crimes have left their indelible impress stamped upon the countenances, even, of the unhappy victims. Such individuals cause a sort of creeping in the cuticle of the doctor every time they appear at his office. Their demands are unreasonable and preposterous. The quacks please them best. Self introspection becomes their favorite pastime and pleasure. Should accidentally it become necessary to call in the accoucheur, in the course of human events, then woe be to him. Although his ministrations may have been ever so faultless, sooner or later dame ruin or will have added one more to the list of invalids, due to the doctor's incompetency and unskillfulness.

I think we can all recall cases of labor where everything seemed to run its natural course; where the woman seemed in good health; where the labor was normal in all respects; in fact, where the conditions, so far as asepsis is concerned, were good. The obstetrician had observed the usual rules of cleanliness, had abstained from meddlingness, and was conscious of having pleased those immediately in-

terested as well as himself. In due time he was hastily called to administer to the same patient—a very sick woman. He finds her breathing rapidly, temperature 104 to 106, pulse 120 or more, sweating profuse, great thirst, tenderness in the pelvic region if not general over the whole peritoneum. Puerperal septicemia, a term that conjures visions of horror and casts a gloom of despair over the poor doctor, at once looms up in his mind. Self accusation may result, or the meddlesome midwife may come in for her share, or the surroundings may have to bear the blame for the conditions present. Anxiety is a mild term to express the mental condition of the attendant for some time at least. According to the teachings and literature on the subject of a few years since, the physician would be responsible for the conditions present.

Thanks to the conservative thinkers and practitioners in our noble profession, radicalism, so rampant on this subject a few years since, has given way to reason. Usually the facts in such cases are that the slumbering embers of an old pelvic trouble have been kindled anew.

A pus pocket may have ruptured, or, what is most likely above all, a gonorrheal infection, having found a new field for its deadly work, has extended upward and invaded the lymphatics of the cervix. Auto-infection seems also to play quite a role at times. I venture to state that in the vast majority of such cases infection has not been introduced by the obstetrician either directly or indirectly.

Amusing things happen during the practice of obstetrics, which, at times, break the monotony of this arduous

calling and bring the risorious muscle into active use. I well remember how, on being called into the country during the early part of my medical career, it having been a busy afternoon for me at my office, I was entertained by a little poetry, during the latter part of the second stage of labor, and thus it ran: "Oh, dear me, how can it be, that I must suffer such miseree." I have not forgotten this effusion of a fertile brain, as it is the only compensation received for my services.

Another time, on arriving at a country house, I found a pair of twins newly born, wound up with a flannel bandage from head to toes, after the fashion of an Egyptian mummy, sitting erect side by side in a rocking chair. Needless to say both passed to the spirit land a short time later. One evening at dusk, walking rapidly with obstetric satchel in hand in answer to a hurry call, as I neared the house an excited lady came flitting across lots breathlessly beseeching me to hasten. I attempted to reach the goal first, but found myself outclassed. The child had been ushered into the world, the mother looked complacent and pleased, but seemed a little troubled over the excitement of the female attendant. Soon I received a lecture from the sprinter on the subject of tardiness of doctors, except when after their fees. After humbly listening to this, I was called into the kitchen and oh, horrors! the baby had a hairlip. Hence all this hubbub. My amusement was changed to consternation, when I was informed twenty-four hours later that the mother would not eat, sleep or drink, and, in order to overcome all this, I must operate at once. Luckily this was done with good results and peace prevailed once more.

It has fallen my lot to have had in succession obstetric cases of the easiest kind; again, in rapid rotation I have had prolapses of the funis, foot, hand and face presentations and inertia of the uterus, in fact, all the calamities that may befall one of us. I have had a case of an anemic woman, who had been treated for something unknown to me, who, after an almost normal labor seemed exhausted and promptly died. Another case which caused me the most grief of anything in my medical career, was that of a strong woman in whom podalic version was performed; the hemorrhage was severe; several days later she was a corpse. The cause I could not satisfactorily ascertain, but in the light of more recent literature and knowledge on the subject, I am satisfied pulmonary thrombosis was the cause.

In regard to lacerations of the cervix or perineum there can be no question but that these should be immediately repaired. To wait even twenty-four hours is bad midwifery. It has been my custom to carry with me several large, full-curved needles, besides smaller ones; also to have suture material in anticipation of just such injuries. I invariably suture the perineum at once with silk; let the rend be small or large. Right here let me state that these small tears are much more frequent than I formerly supposed them to be. The proper way to examine the parts is to expose the patient to a good light before she has recovered from the anesthetic and sponge the perineum with sterile gauze. Sew up the slightest rend at once, and never leave the patient conscious of the fact that a tear has not been sutured. If for some reason, unable to repair the parts, rather say nothing than to

inform her of the condition and thus have her from thence on attribute all her ailments to an insignificant tear.

Use the forceps when necessary, even though some hours of patient waiting would terminate labor without them. These hours mean anxiety to those in attendance, exhaustion to the patient and perhaps to the infant. Often the mere introduction of a forcep stimulates the uterus to such an extent that with the aid of a little traction it quickly expels its contents.

Puerperal eclampsia it has been my part to witness but once, and that in consultation. The patient was in extremis, unconscious and in spasms constantly; the dead child was immediately delivered with the aid of a colleague. Convulsions ceased at once, but in short time the sufferer passed away.

Truly the practice of obstetrics has its ups and downs the same as that of any other branch of medicine. The unexpected often happens. What to do and how to do it in such emergencies, is what taxes the brain of the conscientious physician. The knowledge and conscious satisfaction of knowing that one has prepared himself for this arduous branch of medicine in the best manner possible, and that he has used his best judgment in these great trials, will dull the sting of chagrin in the case of disappointment and failure. We should equip ourselves with the best and latest ideas on the subject, but should not be swayed by waves of radical and peculiar ideas which do not and cannot stand the test of time. Ideas and teachings run from one extreme to another. Happy and wise is the man who holds fast to all that is good and remains as immovable as a rock. Let us remember that public opinion is va-

cillating at best, and that our own consciousness of having performed our whole duty, as we see it, is after all the sweetest balm for our ruffled spirits.

—*Iowa Medical Journal.*

Some of the Many Uses and the Method of Administering Normal Salt Solution.

By A. Aldridge Matthews, M. D., Surgeon
St. Luke's Hospital, Spokane, Wash.

While this is not a new subject, normal salt solution having been in use for many years, its value has become widely recognized and it is being more and more used every day. Its value should not be underestimated in either surgery or medicine. How could the surgeon do without it? It is practically out of the question, for many hundreds of lives are saved every year that unquestionably would be lost if it were not for the use of salt solution.

The administration of normal salt solution supplies fluid to the body exhausted from loss of fluid through excessive purging, as in cholera or in case of hemorrhage. It may be used to wash from the body various impurities circulating in the blood and lymph channels and to flush out the kidneys. In other instances, it may be used to supply the body with fluid when liquids cannot be swallowed or retained.

As is well known, a quantity of liquid equal to four times the normal amount of blood may be passed directly into the veins without producing a rise of blood pressure, and experiments have shown that usually within 15 minutes after the fluid flows into the subcutaneous tissue an increased flow from the kidneys takes place.

It is not safe to infuse into the intercellular spaces a greater quantity of liquid than one drachm to each pound

of body weight in each 15 minutes, for if this amount is exceeded the tissues become thoroughly saturated, drowned so to speak, kidneys and skin being unable to excrete the liquid fast enough. (Hare.)

There is no excuse for not using it, since boiled water can be had almost anywhere. One teaspoonful of common table salt added to a pint of water will make about the right proportion, at least near enough for all practical purposes. Of course, where there is plenty of time, it should be made up with distilled water and should be six-tenths of 1 per cent. in strength. If it is not possible to get distilled water, filtered boiled water will answer every purpose, and this is most generally used. One should not hesitate, if the sodium chloride cannot be had, to use plain boiled water in case of extreme emergency.

The temperature should be from 112° to 115° Fahrenheit. If in a hurry, the temperature can be estimated by pouring some of the solution over the hand. It should feel comfortably hot, for some allowance must be made for the loss of heat in passing through the apparatus.

While many contrivances can be used for infusion or transfusion, the most satisfactory is Kelley's infusion apparatus, which is well known, simple and easily sterilized by boiling.

The best method of administering saline solution is by the rectum, and an untrained person can administer the solution in this way: The ordinary rectal tube and the irrigating can are generally used, but a male catheter, enema point or piece of gum tubing inserted well up into the rectum will answer every purpose. The fluid should be allowed to flow in slowly. A pint to a

pint and a half, or even two pints, may be considered the proper amount of the solution. It is well to turn the patient on the left side and elevate the hips, causing the fluid to run up into the sigmoid. On the operating table the Trendelenburg position is most favorable, allowing the fluid to run well up in the colon. If the patient is restless and cannot retain an enema, or when an enema cannot be given, the infusion should be resorted to.

It is better to infuse than to transfuse, for the reason that when we infuse, or give solutions by rectum, the fluid is taken up by the lymphatics and has to pass through the lymphatic channels, becoming truly a part of the body fluids, while in transfusion the fluid is thrown directly into the blood and undergoes no physiologic change. Transfusion should be done in preference to infusion only when the pulse is very weak and we want immediate results. Then a vein should be opened and the saline solution allowed to flow in slowly. It is usual to open the median basilic, but on several occasions I have opened the brachial vein, which is larger, and, on that account, more convenient.

I have twice seen ill effects following an infusion. In one a nurse infused a strong salt solution under a child's breast, which resulted in a large slough. In the second instance a small vessel was punctured and a large clot of blood formed in the right subclavicular space, requiring evacuation by an incision.

Bisch warns against subcutaneous use of saline solution from experiences with it in Doderlein's clinic. He says it is quite harmless when injected into a vein or into the peritoneal cavity, but under the skin he thinks it is liable to

produce gangrene. This, he claims, occurred in six cases under Doderlein. In one of these cases a fatal termination resulted from secondary infection. I cannot understand this if the right percentage and right temperature of the solution were used, and, most of all, if the solutions were sterile.

Following is the history of a case of typhoid fever in which I found saline infusion very useful:

The young man, aged about 20, had a very severe attack of typhoid. I saw him on the fourth day of his disease. His temperature at that time was 104° , pulse 102. He was in a semi-conscious condition and a very unpromising case. During the first 19 days his temperature remained most of the time above 104° , going frequently above 105° , and on one occasion reaching 106° . His temperature after this gradually subsided and reached normal on the twenty-seventh day, but then rose and did not reach normal again until the fifty-fourth-day. Tubbing had little or no effect upon the temperature. Ice-water enemas, one pint every two hours, seemed to have little or no effect. His toxic condition was very grave. This patient got 700 cubic centimeters of normal salt solution subcutaneously twice a day. He got 30 infusions in all—two every day for two weeks, and on two of the days when he was most ill an extra one, making 30 infusions in 14 days.

These infusions were given under the pectoral muscles, except four, which were given in the flanks. There was no bad local effect, except a little stiffness and soreness, which lasted for a few days after the infusions were stopped. Before I began the infusions his mouth and tongue were parched and dry. Shortly after the infusions

began these conditions were greatly improved. He secreted large quantities of urine and had to be catheterized frequently. I feel confident that the salt solution saved this man's life. I have seen similar good results from the salt solution in cases of pneumonia.

While I will not attempt to enumerate the conditions which loudly call for the normal salt solution, the most important ones are excessive hemorrhages, toxæmia arising from various forms of infection, as in septicæmia, uræmia, the comatose state of diabetes mellitus, in cholera and in threatened eclampsia. It is also very useful in severe burns to overcome shock and toxæmia.

The best place to give an infusion is under the mammary gland in women, lifting the gland well up and inserting the needle beneath the lower outer quadrant pointing upward and allowing the solution to flow in slowly through a needle about two millimeters in diameter. The needle should be inserted while the solution is flowing so no air can be introduced.

The loose cellular tissue and the breast quickly begin to distend; even a flatly atrophied organ will reach the size of a puerperal breast. The amount that can be easily put under a breast is about 700 cubic centimeters. It is more satisfactory in the male and in emaciated individuals to lift the pectoral muscles, directing the needle upward and inward so that the fluid will infiltrate the subclavicular and auxiliary spaces.

The proper temperature of the fluid can be maintained by letting the tube carrying the saline solution lie immersed in a pan of hot water about 115° Fahrenheit. The saline enemas, which are often preferable, are best

given in the way adopted by Murphy and the Mayos, that is, by inserting a small rectal tube and allowing a small stream of hot saline solution to flow into the rectum continuously. A large amount of the solution is thus taken up in the course of a day. The flow can be regulated by the elevation of the vessel above the individual, or, better, by a clamp on the tubing, limiting the flow to a very small stream not more than a pint an hour. In surgical cases under anesthesia, it is well to give a pint by rectum before the patient awakens, for if given while awakening from the anesthetic the patient will nearly always expel it.

I have spoken of transfusion, and only recommend that it be used in very exceptional cases. It is a well-known clinical fact that some cases of shock are not much benefited by intravenous infusions of saline solution.

A series of 60 experiments on dogs was undertaken by George W. Crile, which he reported in the *Medical Record*, April 19, 1902, to determine the effect of the solution at varying temperatures, the cause of death from excessive infusions, dilution of blood, effect on respiration and other topics. The conclusions he arrived at were that if the blood pressure had been lowered by moderate hemorrhage alone infusion promptly restored it. If it had been lowered by exhaustion of the vaso-motor system by afferent impulses from an injury of the cerebro-spinal or sympathetic nervous system, infusion restored the pressure in inverse proportion to the vaso-motor exhaustion, that is to say, it is effectual in shock in inverse proportion to the impairment of the vaso-motor mechanism. If the matter be greatly impaired or abolished, infusion has no certain effect, although if the impairment is con-

siderable, but not of extreme degree, it will probably restore the pressure.

Blood pressure is re-established but little, if any, above normal, because of the rapid escape of fluid from the tissue and of the automatic center in the medulla, which, when the pressure rises above normal, slows the heart and lessens vaso-constriction in the area of peripheral resistance. If the peripheral resistance is lost (fatal shock) no amount of fluid can do more than temporarily and partially restore the blood pressure and death is inevitable. If the shock is much increased by regional accumulation of blood, as in operation affecting the splanchnic area, infusion may be effective, because the vaso-motor mechanism has not gone into resolution.

Murphy says the above deduction explains why some cases of shock are but little, if at all, benefited by infusions. In almost every case an artificial pulse may be procured even of considerable volume, but without resistance. It will disappear almost as quickly as it came and no amount of infusion will sustain the circulation, for the vaso-motor mechanism has gone into resolution, abolishing the peripheral resistance.—*Maryland Medical Journal*.

A Lotion for Rhus Poisoning.

Dr. Starling Loving, of Columbus, Ohio, informs us that he has found this lotion promptly effective in almost all cases.

R Chloral hydrate, ʒij.

Sodium hyposulphite, ʒj.

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M. Sig: Keep the inflamed parts covered with a cloth constantly moist with the solution.

Dr. Loving adds that when this fails he gets good results with the official black wash.—*Clycop. Med.*

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SURGICAL SUGGESTIONS.

In cases of enuresis in children it is well to bear in mind that thread worms may be the cause of this trouble.

In eczematous affections of the hand it is always necessary to bear in mind the possibility of scabies, since this affection through immigration is far more frequent than in former times. A very careful examination is requisite, as the itch-burrows are often distinguished with difficulty owing to the surrounding inflammation.

In synovitis of the knee-joint where it is difficult to decide whether it is of traumatic or tuberculous origin, it is well to remember, as pointed out by Professor Marsh, that in tuberculous interference with the movements of the patella or its fixation by adhesions soon develops, while in traumatic synovitis the bone remains perfectly mobile.

Bursitis and tendosynovitis are not infrequently of tuberculous origin, and it is well to examine for evidences of tuberculous in other parts of the body if there is the least doubt in the diagnosis as to the case not being one of simple traumatic origin. This is particularly important, because if tuberculosis exists the treatment should be as radical as possible.

The appearance of a furuncle does not by any means indicate the necessity of internal treatment. Boils occurring on parts exposed to friction often result simply from irritation and the rubbing in of microbes, and there is no reason why patients should be subjected to the risk of having their digestion disturbed by needless medication unless there is a distinct indication for its employment. —*Int. Jour. Surgery.*

The presence of large follicles on the posterior wall of the pharynx is indicative in children of adenoids in the nasopharynx.

A bright and altogether satisfactory light for throat examinations can be had cheaply by covering a 16-candle-power Edison electric bulb with a smooth layer of plaster of Paris, about three-eighths of an inch thick, leaving on one side an aperture the size of a silver half-dollar, or larger. The white inner surface of the plaster brilliantly reflects the light. The outer surface may be painted black for appearance's sake.

Repeated attacks of "indigestion," not obviously due to some other condition, should awaken the suspicion of gall-stones. Most of the patients operated upon for cholelithiasis give a history of having been treated for a long time for "dyspepsia," and in many of these cases the correct diagnosis might earlier have been established.

Occasionally, contractures of the fingers following the treatment of a cellulitis are due not to the cellulitis itself nor to the incisions made to relieve it, but to fibrosis and shortening of the flexors in the forearm, the result of too tight bandaging or strapping. Such a condition—Volkmann's ischemic muscle contracture—must, therefore, be distinguished from the stiff, flexed fingers produced by the cellulitis. Passive motions and massage are helpful in both conditions, but in the former bone shortening (radius and ulna) is necessary to accommodate the contracted muscles.—*American Journal of Surgery.*

The Keystone of the Therapeutic Arch



which goes to form the treatment of the secondary anæmias is iron; the other constituents of the arch comprise such

remedies as aid digestion and improve nutrition.

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NEWER MATERIA MEDICA.

The Treatment of Cough.

Cough, regardless of its exciting cause, is a condition that every physician experiences more or less difficulty in relieving. While the agents designed for its relief are numberless, it is a matter of common knowledge that but few of them are of general utility for the reason that although they may be capable of effecting relief, in doing so they either derange the stomach, induce constipation, or cause some other undesirable by-effect.

The ideal cough cure must combine sedative and expectorant properties without exhibiting the slightest system-depressent, gastric-disturbing, constipation-inducing or palate-offending action. Nor should it contain any ingredient the prolonged use of which would cause a drug-habit. Then too, it must be of sufficient potency to produce the desired effect with the utmost promptness, for in many instances the patient has indulged in self-drugging to a certain extent before consulting the physician; hence, it is directly to the interest of the practitioner to demonstrate his skill by immediately relieving the disturbing condition.

It is now universally conceded that Glyco-Heroin (Smith) is the ideal cure for coughs of all varieties. This product embraces the most active sedatives and expectorant agents in the exact proportions in which they exhibit their greatest remedial potency. It matters not what the exciting cause may be, the effect of this preparation is always immediate, pronounced and extremely agreeable. The cough is almost instantly suppressed, the expulsion of the accumulated secretions is stimulated,

respiration is rendered free and pathological.

less and the inflammation of the lining of the air-passages is speedily allayed by its use.

Glyco-Heroin (Smith) may be administered for an indefinite length of time without any depreciation in its curative properties and without the induction of a drug-habit. It is of especial value in the treatment of pulmonary phthisis. It is pre-eminently superior to all preparations containing codeine or morphine.

The Necessity of Hematics After Miscarriages.

The more one studies the pathological conditions which follow premature expulsion of a fetus, the more evident it becomes that changes and complications which result from such unnatural termination of a natural process, are little appreciated. There can be little wonder, therefore, that abortions and miscarriages so often give rise to countless female ills, and so frequently lead to lives of more or less chronic invalidism.

Take, for instance, the average case. The whole female organism, as soon as conception takes place, makes preparations to meet the growing demands of the impregnated ovum. The vital processes of both nutrition and elimination are more heavily taxed, and this, of course, means greater activity on the part of the nervous and circulatory systems. Under normal conditions, however, since the female organism is especially designed for the one great purpose, maternity, there is only a modification or increase of function

throughout the body. Thus in every sense, in spite of its many complex details, normal pregnancy is purely physiological.

But if for any reason pregnancy is abruptly terminated before the time at which it would normally end, the condition becomes distinctly pathological. Delicate structures, especially those of the generative organs, are suddenly arrested while in a stage of active development, and a retrograde process has to be prematurely established. There naturally follows a marked depression of the whole nervous system, because of its unprepared state for meeting an event unexpected and unnatural. More important than all, however, is the fact that certain growing tissues that would separate normally at the end of pregnancy, in early stages are so closely attached to the uterine wall, that premature delivery always means tearing them away, leaving ragged surfaces and an inevitable retention of tissue that because it has no further purpose must either be thrown off or absorbed by the organism. The extreme liability to infection at this time is well-known, and is directly due to the predisposition which attends this invariable presence of dead or dying tissues.

From the foregoing, it must be apparent, that the effect of every miscarriage is depressing in character. Every organ cannot fail to feel the pernicious imprint, and there is a logical falling off of every vital process. Because of the formation and absorption of ptomaines and toxins of varying degrees of virulence, there is always more or less vitiation of the blood and disintegration of its corpuscular elements. While the hemolysis may not be extreme, it is generally sufficiently marked to leave no doubt that it is a prominent factor in determining the duration of convales-

cence and the completeness of recovery.

In regard to treatment it seems hardly necessary to speak of the importance of thorough antiseptics nor of the frequent necessity of removing decaying material. These things are well appreciated by physicians generally. But what should be emphasized is the great importance of vigorous reconstructive treatment after miscarriages, in order to hasten the restoration of normal conditions, with all that this may mean on a woman's whole future health.

Clinical experience has shown that Pepto-Mangan (Gude) has an especial value in these cases, for it not only supplies the urgent needs of the blood, but directly promotes the elimination of ptomaines through the natural channels. The phagocytic process is stimulated, and as a supply of good active blood is produced, the uterus and related organs are vastly helped in their effort to return to normal conditions. Digestion and assimilation are aided and the general vitality reinforced to a marked degree.

In a word, Pepto-Mangan (Gude) is an unsurpassed tonic wherever there is a lowering of blood quality, from no matter what cause, and the definite positive benefits which follow its administration leave no further recommendation necessary.

Indigestion.

Probably no human ill taxes the skill and patience of medical men more frequently than that given the somewhat generic title, indigestion. A large percentage of the various types encountered, involving both the stomach and intestines, are the immediate result of muscular atony. Insufficient motility of the stomach and intestinal walls means diminished blood supply to the

mucosa, consequently lessened secretion, and lessened secretion means excessive fermentation of the food ingested.

The problem in such cases—and they are legion—is to restore functional activity of the muscular structures.

Herein lies one of the most pronounced properties of Gray's Glycerine Tonic Comp. Under its administration the muscles of the stomach and intestines resume their normal activity, the glandular structures are stimulated naturally and digestion becomes properly established as a logical result.

This well-known remedy, therefore, does not assume to merely do the work of sluggish or tired organs; it does more—it helps them to help themselves.

We will be very glad to have you demonstrate at our expense, and on request we will send you liberal samples free of all cost.

Very truly yours,

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Pneumonia Following Stab Wound.

By J. A. Davis, M. D., Norman, Okla.

On January 11, 1905, Mr. C., aged 20, was stabbed in the back below the scapula, and when I saw him twenty minutes after the affray, he was suffering from profound shock. I carried out the usual operative procedures, and the patient rallied, doing well until the night of the eighth day, when he had a severe chill, presaging pneumonia.

I feared a fatal result, as the left pleural cavity contained considerable bloody serum, and immediately applied a thick dressing of Antiphlogistine 10 inches wide, from the spinal column to the median line, in the front, and kept up this treatment for three weeks, changing the dressing every morning. By the time the lung was perfectly

clear, and there was no further use for the external application.

The Antiphlogistine was covered by a cotton jacket and held in place with a cloth bandage. The pain was relieved by hypodermics of morphine and atropine and the heart was sustained by strychnine. Outside of a little calomel and some laxatives, there was no other treatment. I aspirated the pleural cavity and drew off the serum. In view of the complications in this case, I consider it rather remarkable that the patient made so excellent a recovery. It only confirms my own high opinion of the remedial value of Antiphlogistine.

Nervous Exhaustion.

Just as the continued administration of the Hypophosphites produces more solid bones whose chemical composition is "natural," so there are good grounds for holding that the steady, persistent use of the Hypophosphites will tend to produce a more complete development of an imperfectly evolving nervous system.

Experiments have been made by chemists to concentrate still further many of the old formulæ which are prescribed daily by the profession. This has been found impracticable as applied to the Syrup of Hypophosphites, as after many trials, the results obtained by the administration of the condensed preparations in several other forms, have fallen far short of those obtained by the Syrup.

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After an operation, be it simple or severe, it is always good practice to reinforce a patient's vitality. Gray's Glycerine Tonic Compound is eminently useful for this purpose.

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Oftentimes the neurasthenic patient can be promptly started on the road to recovery by a temporary change of scene and the use of a good tonic. Gray's Glycerine Tonic Compound is of especial value in these conditions of nervous exhaustion, and it often supplies just the right support and reconstructive action needed.

Carbenzol Soap, which is proving so popular with the medical profession, is particularly applicable to the requirements of the Surgical, Gynecological and Obstetrical Nurse. It is a perfect cleansing agent as well as a germicide, deodorant and antiseptic. As a "shampoo" it cannot be surpassed.

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Carbenzol Soap differs from the majority of medicinal soaps in that it is pleasant to use, forming a rich, creamy lather and leaving the skin soft, smooth and thoroughly clean. The pores being opened by its use, subsequent medication proves more efficacious. Regular price of Carbenzol Soap is 25 cents per cake at all druggists.

Every one who reads this Journal may have a full size cake by sending ten cents in stamps to The Abbott Alkaloidal Company, Chicago, Ill.

"Salicylates act at least in two ways in the body. In the case of acute articular rheumatism, in which they are supposed to exercise a specific influence, they probably act deleteriously upon the micro-organism which is responsible for the malady, whereas in the case of chronic rheumatism or gouty conditions depending upon diathetic states they produce some influence upon met-

abolism or the oxidation processes in the body which we do not understand, but of which we are therapeutically certain."

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The disclosure in the recent past of the fact that many preparations contain opiates or other habit-forming or depressant drugs has no doubt cast suspicion more or less upon all preparations, whether deservedly or not, especially upon those intended for nervous conditions. Neurilla has always been and is now free from "dope" of any kind, and the National Pure Food and Drugs Act should have the effect of reassuring any physician of doubtful mind regarding Neurilla, as we would scarcely guarantee such a statement in the face of the law.—Dad Chemical Company.

Dr. John V. Shoemaker, of Philadelphia, in his Treatise on Materia Medica and Therapeutics, second edition, volume 2, page 934 says:

"After operations on the pelvic organs Sulphur is the best laxative to administer, and if it is continued for some time we obtain valuable systemic effects."

"In digestive difficulties, due to disordered action of the liver, which ultimately leads to Lithaemia and Structure Lesions, the habits of life must first be corrected, and the hepatic tor-

por will then be overcome by small doses of Sulphur."

Sulpho-Lythin is an acceptable and effective means of administering Sulphur since its decomposition in the stomach, by the gastric juice, results in the liberation of Sulphur in readily soluble form and it exerts no disturbing influence upon the stomach or digestion.

A physician makes the following statement: "I consider Tongaline far superior to any preparation for rheumatism, neuralgia, grippe, gout and similar complaints, and it has given me such uniform satisfaction that I rely upon its action most implicitly.

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ever she feels the first symptoms of rheumatism, the attack is at once controlled by taking Tongaline for a very short time."

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BOOK REVIEWS.

The December number of the *Annals of Surgery* contains a number of exceptionally interesting articles among the number being, *Fracture of the Base of the Skull* by Crandon and Wilson, *The Bone Metastases of Hypernephroma* by Scuddei, *Surgical Treatment of Perforating Gastric Ulcer* by LeConte, *Acute General Peritonitis without Demonstrable Lesion* by Martin. This number completes volume 44 and in the back is found an index for the use of those who bind their copies.

The "American Journal of Dermatology and Genito-Urinary Diseases" comes to our desk greatly enlarged and otherwise improved and all this without making any change in the subscription price.

It numbers among the contributors to its pages the best and most celebrated dermatologists, syphilologists, and genito-urinary surgeons who write. Whatever of theirs is printed is well worth reading.

The publishers evidently intend to keep the A. J. of D. ever in the forefront and, with the aid of its efficient collaborators it can not fail of doing so.

Timeliness of interest, aside from any other condition, lends especial importance to the announcement of the early publication of *Foods and Their Adulterations*, by Harvey W. Wiley, M. D., to be immediately followed by a companion volume, *Beverages and Their Adulterations*. Dr. Wiley is Chief Chemist to the United States Depart-

ment of Agriculture, at Washington, and his wide researches in the interests of purity in food commodities give anything he might write on the subject an authoritativeness that is unquestioned. The fact that the new National Food and Drugs Law becomes effective after January 1st, and that public interest in it is now at white heat, will no doubt result in quite a demand for both volumes. The books will be generously illustrated from original photographs and drawings, and used by P. Blakes-ton's Son & Co.

Purification of Sewage.

A valuable contribution to the literature on the disposal and purification of sewage has just been issued by the United States Geological Survey as Water-Supply and Irrigation Paper No. 185. Investigations on the purification of Boston sewage with a history of the sewage-disposal problem, by C. E. A. Winslow and E. B. Phelps. The volume of sewage discharged by modern communities is so large and the character of all kinds of sewage is always so objectionable that the so called sewage disposal problem becomes, from the economic as well as the sanitary point of view, one of the most serious with which American cities have to deal. It is of vital importance to every community to secure such a disposal of obnoxious sewage as will avoid the creation of any insanitary focus or foci in the environment, or any infringement of the laws of hygiene and sanitation.

The investigations described in this publication were made at the Sanitary Research Laboratory and Sewage Experiment Station of the Massachusetts Institute of Technology under the direction of Prof. William T. Sedgwick.

The station at which the work was carried on is situated on the line of the main trunk sewer of the south Metropolitan district of Boston at a point where it contains the sewage of about half a million people. At this station pumps were installed and tanks were constructed for tests of the various methods of sewage purification. The results of this work and the practical conclusions that have been drawn are given in Water Supply Paper No. 185, which may be obtained on application to the Director of the United States Geological Survey, Washington, D. C. These results are by no means applicable merely to large cities, but contain lessons of practical value to all communities having to deal with the ever present sewage disposal problem. The description of the experiments is preceded by a careful and elaborate historical review of the whole sewage disposal problem from its origin in the wide adoption of the water-carriage system up to the present time, when that system has become practically universal. This interesting review cannot fail to be of the highest value to expert engineers, sewage commissioners, and cities all over the United States, especially to those numerous small communities that are confronted, perhaps for the first time, with a problem that means so much for the health as well as the finances of the citizens.

The Practitioner's Visiting List for 1907.

An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly, and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-

Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Bros. & Co., Publishers, Philadelphia and New York 1906.

**King Leopold's American Agents.—
How He Endeavors to Influence
Opinion Here.**

Leopold has for two years made the Belgian embassy in Washington little less than his Congo lobby; and the Belgian minister, Baron Moncheur, has, in public and in private, devoted himself unremittingly to the king's personal enterprise in Africa.

To the credit of the American press and people, it may be said that all these efforts have not met with much more of success here than in England, tho' an amazing amount of confusion has been created in the public mind of both countries—and confusion serves Leopold's interests only second to corruption. In addition, now that American interest in the Congo has risen to a point that might well cause its autocrat fresh alarm, he has fortified himself by conceding 8,400,000 acres of the richest rubber country in the world to a French - American - English company whose American head is that astute financier, Thomas F. Ryan. Upon this powerful ally Leopold depends to prevent the consideration of the Congo situation in the coming Congress.—R. E. Park in "The Blood-Money of the Congo," in the January *Everybody's*.

NEWS.

L. W. Bremernian, A. M., M. D., of New York City, has been appointed Professor of Genito-Urinary Diseases in the New York School of Clinical Medicine, to fill vacancy caused by the death of Professor William K. Otis, M. D.

torium, giving their whole time to the care of the patients. Dr. Rea served in the Institution as Salaried assistant to Dr. Crowell for 2 or 3 years prior to the recent change and is one of the State's most promising young physicians.

The Crowell Sanatorium Co., of Charlotte, is in a prosperous condition. This institution cares for and treats alcoholic, drug, nervous and mild mental diseases and the patronage of the institution has been far beyond the expectation of its founder and his friends. The Company was reorganized in Nov., 1906, associating Green L. Rea, B. S., M. D., who was made secretary and treasurer, and associate Resident Physician with the founder, Dr. S. M. Crowell. Both physicians live in the Sana-

Physicians who are interested in the study and legitimate practice of the physical (drugless) therapeutic methods, notably electro-therapy, photo-therapy, mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physio-therapeutic Association. Address the Secretary: Dr. Otto Juettner, N. 8 W. Ninth St., Cincinnati, Ohio.

The officers for the ensuing year are: President, Dr. H. H. Roberts, Lexington, Ky.

Secretary, Dr. Otto Juettner, Cincinnati, Ohio.

Treasurer, Dr. Geo. H. Grant, Richmond, Ind.

Executive Council: Drs. W. F. Klein, Lebanon, Pa.; Jas. Hanks, Brashear, Mo.; J. W. Unger, West Point, Miss.; Chas. S. Northen, Talladega, Ala.; R. W. Gibbes, Columbia, S. C.; S. J. Crumbine, Topeka, Kan.; F. L. Keeler, Perry, Okla.

North Carolina.

Diphtheria is reported to be epidemic in several parts of Lenoir. The La Grange graded schools were closed by the health officer on this account.

No improvement is reported in the smallpox situation in Wake county. More than forty cases are said to be under treatment in the pesthouse and the disease is not confined as is usually the case to negroes.

As a result of the recent election, the State Legislature shows in its membership the following medical men: Drs. James W. McNeil, Hope Mills, Cumberland County; Mark B. Pitt, Old Sparta, Edgecombe County; James R. Gordon, Jamestown, Guilford County, and J. M. Chandler, Dillsboro, Jackson County.

Dr. Alice E. Johnson, of Southern Pines, has moved to Asheville.

Dr. R. DuVal Jones, of New Bern, has been commissioned assistant surgeon in the Naval Reserve of North Carolina.

Dr. Charles L. Minor, of Asheville, has returned from Chicago.

Dr. Willard P. Whittington, of Asheville, is spending a few weeks in Rochester, Minn.

Dr. George C. Thomas, of Wilmington, chief surgeon of the Atlantic Coast Lines, is critically ill at his home with pneumonia.

Pursuant to the call of Dr. James A. Burroughs, councilor for the district, a meeting of the Tenth District Medical Society was held at Asheville, Nov. 5. A constitution and by-laws was adopted and the following officers were elected: President, Dr. James A. Burroughs, Asheville; Vice-Presidents, Drs. J. Howell Way, Waynesville, William R. Kirk, Hendersonville and R. J. Orr, Andrews, and Secretary, Dr. Gailard S. Tenment, Asheville. The next meeting will be held in Asheville, April 17, 1907. Dr. Thomas E. Anderson, of Statesville, councilor for the ninth district, was present at the meeting. In the evening a joint session with the Buncombe County Medical Society was held, after which both societies were entertained at a banquet at the home of Dr. Burroughs.

Journal A. M. A.

San Francisco Doctors Need Books.

To the Medical Profession of the District of Columbia, Virginia, West Virginia and North Carolina:

The Medical profession of San Francisco lost its medical library, the San Francisco County Medical Society Library, in the fire last spring. Most of the physicians also lost whatever private libraries they had succeeded in collecting. A committee (named below) has been appointed by the American Medical Association and by the Association of American Physicians to collect and send books to San Francisco, both for the library and for private individuals when duplicate copies are sent on.

Will you send to George M. Kober, 1600 T. Street, Washington, D. C., any medical books of value or bound volumes of Journals which you can spare? Fairly recent editions of standard text

books, foreign text books or bound Journals (French, German and Italian) hospital reports, monographs of all sorts, books on special subjects, old classics, (e. g. Trousseau, Charcot) and the Sydenham Society publications are especially desired.

Acknowledgement of all that is received will be made through the medical Journals, and the books will be packed and shipped as promptly as possible.

Signed:

Chas. L. Dana, Chairman, New York City.

Frank Billings, Chicago.

E. Bates Block, Atlanta.

J. A. Capps, Chicago.

T. D. Coleman, Augusta, Ga.

George W. Crile, Cleveland.

W. E. Fischel, St. Louis.

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Henry Sewall, Denver.

C. G. Stockton, Buffalo.

W. S. Thayer, Baltimore.

R. C. Cabot, Boston, Secretary.

A Good Idea.

The following letter explains itself. It was sent to each member of the Mecklenburg County Medical Society by the newly elected President. We commend its tone and wish that every County Medical Society would profit by the suggestions contained:

Charlotte, N. C., Jan. 7, 1907.

Dear Doctor:

Please permit me to bespeak from you a personal interest in the Mecklen-

burg County Medical Society the coming year. We need to infuse more enthusiasm into its members and more interest in its meetings.

Make it a point to be present at every meeting. Report interesting cases, help discuss papers, fraternize with each other, and let us strive together to make the Mecklenburg County Medical Society second to none in the State.

If closer relations were maintained between physicians, if they more universally regarded each other not as competitors, but as brothers and colleagues, considering an injury to one an injury to all, and the advancement of the profession as each one's individual welfare, we would the more nearly approach the ideal condition of professional life, and medicine would maintain its high position as a learned profession.

Remember the date, hour and place of meeting—and be present.

Yours fraternallq,

JOHN R. IRWIN, M. D.,

President.

Painless Application of Corrosive Sublimite.

L. F. Appleman (American Medicine) states that when solutions of bichloride of mercury are made with normal salt solution instead of water, they do not cause the slightest pain when applied to the mucous membranes.—*Denver Medical Times*.

"Doctor, I'm nearly dead with insomnia. I wish you could give me something that will make me sleep." "Professor, you remind me of a patient I once had in East Saginaw. He was—" "Good! That will do just as well. Go ahead and tell the story, doctor. I've heard it five or six times." —*Chicago Tribune*.

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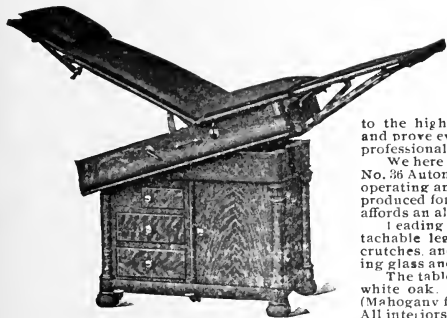
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SELECTIONS FROM OUR EXCHANGES.

The Treatment of Syphilis.

Some one has said, and with a great deal of truth, that he who understands syphilis in all of its phases has mastered the major part of diagnosis and has solved, to a great extent, the knottiest problems of medical practice. It is consequently a matter of no little importance when we are able to bring together the recent opinions of any considerable number of competent men on any phase of this widespread disease. The Therapeutic Gazette for August 15, contains five articles on the Treatment of Syphilis, one, which is especially noteworthy, being contributed by Dr. George Henry Cox, of New York College of Physicians and Surgeons, and the other four coming from the pens of Drs. M. B. Hartzell, of the University of Pennsylvania; W. A. Hardaway, of the Washington University, of St. Louis; Edward Martin, of the University of Pennsylvania and Granville McGowan, of Los Angeles.

These papers are particularly interesting since they indicate very plainly those points upon which there is unison of opinion and those upon which modern students and writers markedly differ, while Dr. Fox's paper points out, with a clearness which we have not seen before, that there is such a thing as "pushing treatment" in syphilis to a point which not only is productive of no good but which, at times, proves actually injurious to the patient. We will consider first the ideas suggested by Dr. Fox and, in considering these ideas, we will bear in mind that the writer is one whose conclusions may be accepted as more than ordinarily authoritative.

We may summarize Dr. Fox's conclusions briefly as follows:

1. One of the commonest errors in our entire therapeutics is the *over-treatment of syphilis*. The treatment is often far worse and causes the patient more discomfort than the disease. It is a distinct misfortune that we place such implicit confidence in pharmacopoeial drugs in the treatment of this disease.

2. Syphilis is a chronic exanthematous disease (scarlet fever, measles, etc.), tends to self-limitation and may result in complete recovery without the use of drugs.

3. If physicians would devote their attention to the improvement of the general condition of the patient, to diet, exercise, etc., more brilliant results would occur and less unfortunate sequelae. It is the *vis medicatrix naturae* which is the most important element in the cure of syphilis as well as any other disease.

4. In many obstinate cases where large doses of antisiphilics do not cause improvement, "pushing the treatment" does no good and may do injury. Of such cases, while increasing doses may benefit one, they will injure twenty. If half the money spent for iodides for such patients were spent for milk there would be more and quicker cures. and eggs and to provide outdoor life. It would be instructive if physicians could see the results of faith cure in this class of cases.

5. While antisiphilics have a definite curative effect on lesions of syphilis, they will not cure the results of syphilis. Hence the absurdity of vigorously dosing with mercury and iodides every

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patient who represents deformities or other evidence of past syphilitic infection. It must not be accepted without question that every spot or lesion on one who has had syphilis is syphilitic in character. Aside from the waste of good medicine in such cases, the treatment will often injure the patient who does not need it.

6. The claim that virulent tertiary stages are apt to follow when there is not vigorous treatment in the early stages is not borne out in fact. While this is not proven, it is certain, however, that virulent tertiary stages may follow in spite of early vigorous treatment. There is reason to believe that the virulent pox of years ago was due to the over-vigorous treatment of that day and that the disease has decreased in virulence because the treatment has become less vigorous.

7. The rule of treating in a routine way for two, three and a half or four years is illogical and often harmful. No definite time of treatment can be set. We do not specify that we shall treat scarlet fever for one, or five weeks, nor can we limit or specify our time of treatment in syphilis.

The foregoing suggestions we have regarded sufficiently important to quote at length and their observance by the medical profession will doubtless result in better and more contented patients.

The four other writers deal with other subjects in which we will note considerable variance of opinion. For convenience of comparison our abstracts are compiled for the group and note for the individual papers.

When should treatment begin?—Hartzell, Hardaway and MacGowan agree that it is hardly safe to begin treatment until the appearance of constitutional symptoms and Hardaway

adds that "violation of this cardinal rule leads to an infinite amount of mischief." Martin holds that, when there has been a period of incubation of two weeks with appearance of a papule not otherwise accounted for, this lesion should be exercised and examined for *spirochæta pallida* and, in case this is found, treatment should begin at once. He sees no reason for delaying treatment until the appearance of secondaries and calls attention to the fact that some cases, in which diagnosis could be made on the initial lesion, present no constitutional symptoms at all.

2. *What treatment shall we begin with?* Hartzell begins treatment with mercury and chalk in small doses, not over 5 to 8 grains per day, and claims that this form of mercury is far less irritating and fully as effective as the protiodide (or green iodide). Hardaway prefers the protiodide (1-6 to 1-2 grain t. i. d.) with iron and quinine, holding that this preparation is more effective. Martin begins treatment with inunctions supplemented with vapor baths. In case this is impracticable, he uses the protiodide, mercury and chalk or mercuriol, selecting them in the order given. MacGowan does not use inunctions, if the patient is able to take mercury by mouth without too great digestive disturbance.

3. *What is the treatment for local lesions?* In the eruption of the secondary stage, Hartzell uses (when anything is necessary) calomel ointment (1 drachm to the ounce) applied daily with gentle friction. For the scaly eruption of the palms and soles, he uses an ointment of ammoniated mercury (40 to 60 grains to the ounce). For shallow erosions of the mouth, tongue or pharynx, he uses acid or mercury. For the tertiary ulcerative lesions, he uses

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CASES OF

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mercurial plaster, after washing away secretions with 1:3,000 bichloride solution. For such lesions he advocates also iodoform. MacGowan treats the initial lesion with gauze compresses saturated in 1:4,000 bichloride solution. Chancre of the tonsil he treats with acid nitrate followed by a mouth wash of 1:10,000 bichloride in a saturated solution of sodium chlorate. This applies also to chancre of the gums and tongue. Chancre of the lip is to be treated with the acid nitrate followed by an ointment of colloidal mercury. The pain may be reduced by application of an alcoholic solution of methylene blue. Chancre of the meatus or urthra are treated with bougies of 25 to 50 per cent. calomel ointment. For mucous patches of the buccal cavity, use a 25 per cent application of nitrate of silver followed by a mouth-wash of 1:4-

000 bichloride of mercury in a solution of chlorate of potassium or chlorate of sodium.

4. *When and how shall we give iodides?* Hartzell believes that iodides should be given with the appearance of tertiary symptoms and deplors the common custom of giving large doses. He corroborates the statement of Jonathan Hutchinson that small doses accomplish the same results as large doses. Hartzell can not recommend the mixed treatment or combination of iodides and mercury, nor does he have much faith in the various preparations which have been offered to take the place of the iodide of potassium. Hardaway believes that iodides given in the first stage of the disease will control the arthritic pains and neuralgias. However, he advocates reserving the iodides for the late secondary and tertiary

stages of the disease. He thinks that at all times when the iodides are given, mercury should be given also and should be continued after the iodides are stopped. Martin believes that iodides may be begun the latter part of the second year, but should be given sparingly.

5. *How long shall treatment last?*

Fox says that this depends upon the case and that much harm is done by following any routine as the patient is often treated after his complete recovery and to his great detriment. Hartzell says that treatment should continue for two or three years: the first year continuously; the second year the treatment should be broken and, if symptoms continue to appear during the second year, the treatment should be continued during the third year. Hardaway believes in constant mercurial treatment for six months, then a rest of six weeks with tonic treatment, then a resumption of treatment which will continue in broken form for about two years, while the patient should take a course of treatment of several weeks duration at least once a year for four years. Martin believes in constant treatment for two years and, after the fourth year and for life, the patient should take spring and fall courses of inunctions each covering six to twelve inunctions.

6. *What is the prevailing opinion of hypodermic injections?* Hartzell holds that hypodermic injections of mercury should be reserved for cases where it is necessary to secure marked mercurial impression in a brief space of time, as in cerebral syphilis. He prefers the soluble forms of mercury. Hardaway holds about the same opinion and adds that the hypodermic may be used when other methods of administration are

contraindicated or when they are not sufficiently effective. He prefers the bichloride of mercury for hypodermic use. Martin praises the hypodermic method, but states that it may cause almost unbearable pain against which we have no way of guarding. MacGowan praises the hypodermic method with the use of the soluble salts, but condemns the use of the insoluble salts.—*The Chicago Clinic and Pure Water Journal*, Sept., '06.

Country Life in the Future.

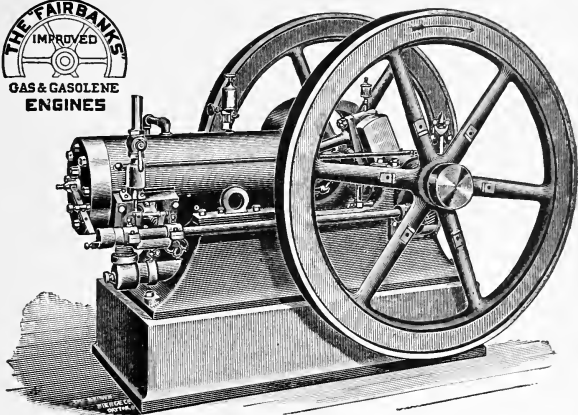
For the northern American colonies there has been almost nothing of that phase of country life which has given rise to the English country gentleman, and which in France has led to the contemptuous use of the word bourgeois. Indeed, if one were to translate this word according to its derived meaning, there could scarcely be found a better Americanism than its literal opposite, jay. Partly on account of their previous habits of life and partly on account of the danger of the savages, the early settlers of northern North America were essentially town dwellers. For certain New England States the poverty of the soil, as compared with the relative wealth of fisheries and the opportunities for trade, also tended to discourage farming except on a meager scale. This tendency to make the town the habitation, rather than the open country, is well illustrated in the grants of land to the soldiers of King Philip's war. With practically boundless territory at its disposal, the legislature rewarded the protectors of the colony with small town lots, whose present value in most instances amounts to little more than a hundred dollars.

While in the subsequent development of the country, especially after

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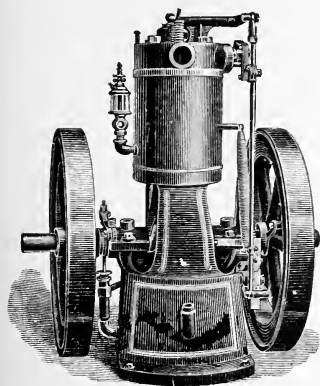
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the United States had passed the experimental stage and had gained a considerable population, agriculture gained an important place industrially, various factors operated to concentrate greater and greater proportions of the population in cities. Both as cause and effect of this tendency, sanitary, educational, and social advantages have increased out of all proportion in the cities.

The present seems to mark a diminution in the tide from country toward city, and it is not unreasonable to suppose that the future will witness, not a return to the simple agricultural life of the early part of the last century, but a distribution of various industries in small towns and an increased use of the country and village for residence purposes. For some time New York City has been called the home of the very rich and the very poor. Even the Back Bay district of Boston is losing its prestige, and its residents are seeking that remarkable collection of irregularly laid-out villages which resist the temptation of forming a Greater Boston. Aristocratic Philadelphia, hemmed in on three sides by the impassable boundaries of Market and Pine Streets and the Schuylkill (pronounced in one syllable and a swallow), and assailed by business pressure from the East, is compelled to seek the suburbs. In Cincinnati this transfer of the "better class" has already been accomplished, and the same tendency is manifest, in different ways and degrees, in many other cities.

Meantime, various scientific, mechanical, and economic developments have rendered it possible to substitute for the ideal of a *rus in urbe* an *urbs in rure*. Among these may be mentioned the following: The trolley, the bicycle

and automobile, the good roads sentiment, which render it possible to extend the residence district of a city well into the country, even for persons or moderate means, whose working members must go "down-town" daily. The rural free delivery service, the telephone, the extension of the scope of public libraries and private systems of package delivery, which tend to equalize the privileges of city and suburban and country dwellers, with regard to various phases of transportation. The realization that gas and electric lighting and water supplies may economically be secured for aggregations of even a few hundred persons. The discovery of natural gas, and the development of petroleum gas artificially, and the production of acetylene gas, as well as the perfection of the windmill and gas engine, which, jointly or severally, extend the enjoyment of what used to be termed city conveniences, even to isolated homes of fair degree of comfort. The realization that these and other convenience, such as applications of the plumber's art, may be enjoyed by any one who will carry the former standards of the city into the country. The development of educational advantages, including secondary schools, libraries, and museums, in small towns. Competitive and governmental control of railroads so that the obvious economy of land and certain supplies may be rendered available by manufacturing concerns in small villages rather than in large cities. Every family, going from city to suburb or to outlying village or open country, tends to increase the commercial necessity of such developments, and thus, by a fortunate cycle, invites other families to make the move. Thus the tendency is grow-

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ing to make the city more particularly a down-town center with a comparatively small fixed population.

How rapidly this tendency will increase and where it will receive its check is a matter that can at present only be conjectured. Past experience is sufficient to show that some new invention in the way of rapid transit or communication, or even the public control of what utilities are now possessed, but in the direction of cheap and convenient service, may change the conditions of human life quite suddenly.

It is worth while to remind ourselves that we do not need new discoveries and inventions nearly as much as a wise use of what we already have for the benefit of the whole people. Almost within a few months it has been discovered that our laws are sufficient to prevent gross conspiracy to place the price of the necessities of life at an artificially high rate, and to require reasonable honesty in the management of great corporations existing through the sufferance and by the patronage of the people. At any moment it may occur to some wealthy capitalist not to endow another college or library, nor to erect a monument, but to gain the gratitude of the people as a whole by setting aside the principle of making rates according to "what the traffic will stand," and by demonstrating how well and how cheaply a trolley or telephone service may be conducted on the basis of maximum patronage. Per contra, labor unions may suddenly conclude to discharge their walking delegates and to establish a wage scale and adherence to contracts which will guarantee steady employment and encourage industrial operations. Any one act of this general nature will tend to produce something like an equilibrium

of wealth. Even a local demonstration along any of these lines will afford an object-lesson whose results will serve as an inducement to secure the same advantages for other localities.

The present possibilities of agriculture are not yet in execution. Burbank has developed several plants into varieties of enormously increased yield. Compulsory united effort at the extermination of plant parasites would prevent an enormous aggregate loss. The accurate use of chemic fertilizers, or, still better, the use of bacterial, nitrifying cultures, will make one acre of land the equivalent of four. Labor-saving agricultural machinery has already reached a variety not dreamed of twenty years ago: it is sold for four or five times the actual cost of production, and through sheer shiftlessness on the part of farmers is wasted by exposure to the elements, to the extent of millions of dollars' worth annually. The farmer is the main foundation of civilized society. If, by carrying out principles already demonstrated, the average farm can have its productiveness quadrupled agriculture will become a desirable occupation, and the country will be not only the possible home of persons whose direct support is derived from manufacture and commerce, but the present tendency to a sharp line between these occupations and agriculture will be checked.

The hygienic advantages of country life under proper sanitary control, and the social and intellectual advantages of such life under circumstances which shall efface the deterrent influence of distance, are incalculable. It may seem that we are indulging in an impracticable dream, and we do not by any means prophesy an immediate change. And yet the only obstacles to the ful-



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filment of the dream are cupidity, which can be checked by the exercise of a power which the people possess and which scarcely needs special legislation to call into action; ignorance of certain details which should be speedily enlightened in a nation already well educated in ordinary, scholastic ways; the restriction of philanthropy to a few ruts; and lack of initiative in the most energetic people in the world. Again and again it has been demonstrated that

an imperfectly educated, insincere fanatic, securing control of a few hundred devotees from the lowest strata of society, could make himself wealthy and raise his dupes to a prosperity far beyond their normal expectation by the crudest exercise of the most objectionable form of communism. Is it a dream to suppose that ordinary business sense and conscientiousness on the part of political leaders and individuals of private influence and opportu-

ity may be aroused to lead a really intelligent and capable public into the possession of benefits of demonstrable possibility?—*Medical Age*.

Scherer in the *Medical Monitor* for July, 1906, says when the diagnosis of chronic gastritis is positively made, the patient should be informed that permanent relief for his dyspepsia can only be hoped for on the condition that he follow out a reasonable dietary the remaining portion of his life. This diet, at the time of the instigation of the treatment, must be based upon the chemistry and the motor power of the stomach, and varied as the case progresses until the individual is able to take a reasonable mixed diet, which is essential to perfect metabolism in the human organism. It is difficult to formulate any definite rules in regard to diet which are applicable to all cases of chronic gastritis: for this disease presents so many different forms—in some cases hyperacidity, in others subacidity or anacidity, in all cases more or less mucus and fermentation. One of the important things is to have a class of foods finely divided and compatible with the gastric chemistry. Foods containing a large amount of cellulose must be avoided. The majority of these cases do well on a mixed diet, composed of well-cooked cereals, toast or stale bread, white meat, plenty of good, fresh butter, and when there is no intestinal complication baked or stewed fruits are allowable. Condiments of all sorts, alcoholic stimulants, and tobacco should be interdicted. The diet should be sufficient for the body needs and no more. Large amounts of carbohydrate foods are not good in chronic gastritis.

Mechanical Treatment.—In no other

stomach disease is gastric lavage so important as in chronic gastritis, with excessive production of mucus; and in no other stomach condition is thorough washing followed by such good results to the patient. Stomach washing, early in the morning, before breakfast, with removal of large amounts of stringy mucus, is followed by increased secretion, better motor power of the gastric muscle, better absorption, and less fermentation. After washing the stomach with warm sterile water, follow this with three pints of 1:1000 warm salicylic acid solution. There is no preparation that prevents fermentation and sweetens the stomach so perfectly as salicylic acid solution. Gastric lavage three times per week is sufficient in these cases, and should be practiced when the stomach is empty, so as not to disturb the nutrition of the patient.

Electricity.—Either the galvanic or the faradic current should be used at frequent intervals, the faradic current to tone up the muscularis and the galvanic current for its sedative effect.

Hydrotherapy.—In the old asthenic cases this is useful. Hot compresses over the stomach after meals do good in a large number of these cases. Saline baths are useful to promote increased circulation and elimination through the skin. Thus the kidneys are relieved of a great burden. A Scottish douche is also useful. All gastric cases need rest after meals, as the digestive act is slower in this disease.

Medical Treatment.—Not much medicine is indicated in these cases—so-called digestive ferments are contraindicated in most of them. For loss of appetite the author has found the bitter tonics, as condurango and columbo, useful. In the atrophic cases with diarrhea, the author has had excellent

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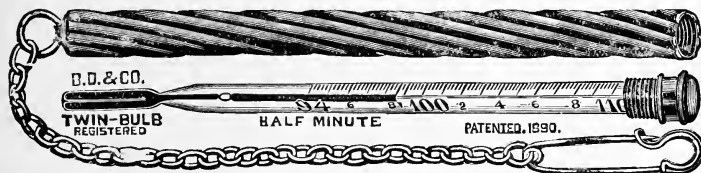
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results by the administration of dilute HCl in 5-drop doses preceding the meal, and the same size dose thirty minutes after meals. In hyperacid gastritis, lavage with distilled water followed by one-half of one per cent. solution silver nitrate gives great comfort to the patient. When there is much emaciation with very feeble digestive ability give hemoglobin. In some of the cases of chronic gastritis with inability to retain solid food and very great hyperesthesia, the author has recently had some excellent results from the administration of new pure milk treated with P., D. & Co's. lactone tablets. This makes a very palatable and slightly sedative preparation, which takes the place of buttermilk, and is more convenient in the large cities.—*Therapeutic Gazette*.

Some of the Uses of Carbolic Acid.

Mason writes to the Medical Record of October 20, 1906, that having had for the past eight years some very satisfactory and unusual results from the use of carbolic acid, he sends the following facts, feeling that the treatment ought to have a wider opportunity than can be given in a country practice.

He has used carbolic acid (liquefied crystals) in fourteen consecutive cases of diphtheria. The acid is applied by saturating a piece of absorbant cotton (so it will not drip), fixed to a cotton holder, and smearing the tonsils till the surface turns white. This operation is to be repeated every day—sometimes, lightly, both morning and night. In four or five days the cure is complete. Every case of diphtheria he has ever had has terminated in recovery under this treatment. He has used the same treatment in tonsillitis, in a great many cases with perfect results, sometimes

aborting the disease with one application. Enlarged tonsils and uvula (chronic inflammation) can be cured in the same way. He has also removed adenoids in the same manner.

Papules, furnucles, and carbuncles can be aborted if touched before supuration has occurred. He has injected several encysted tumors of the back with pure acid and has seen them disappear without any pain or inconvenience to the patient. He has used a 50-per cent. mixture of the acid with water (on cotton, with holder) and thrust the cotton through a polypus of the nose, and also through uterine polypi, and destroyed them with one or two treatments. Warts may be removed by touching with carbolic acid on a dull-pointed stick.

Toothache can be relieved almost instantly by applying about one-half a drop to the exposed nerve with a camel's-hair pencil.

He has touched the tonsils lightly in whooping-cough, scarlatina, and in some cases of tuberculosis, and has had results that were suggestive of further trial in these diseases.

Ulcers of the mouth of the womb can be cured by using this mixture—sometimes the pure acid. He has relieved dysmenorrhea a great many times by passing the cotton on holder (saturated with 50-per cent mixture) through the neck of the uterus—a relief which is very gratifying to the patient.—*Therapeutic Gazette*.

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Surgeons' and Physicians' Fees.

The best part of the people of the United States are those families that are self-maintaining and self-respecting, being neither poor nor rich—the well-to-do class. They do most of the work of society, and they carry most of its burdens. They receive also most of its benefits and its best service of most kinds. But it has become difficult for this class to receive the best medical and surgical service; for, as a rule, as soon as a physician or a surgeon becomes famous, he sets his fees so high that none but the rich can pay them. Yet the poor have the services of most of the best surgeons and physicians free, in the hospitals. A self-respecting, well-to-do family must be content with less famous men or impoverish themselves for a time when illness overtakes them.

True, some famous physicians are not better than many obscure ones, but reputation is the best measure of skill that the lay public has; and there is always danger in intrusting one's self to an unknown practitioner.

Yet it would be unjust to make a sweeping condemnation of the profession for "capitalizing its success"; for most skilful physicians give a larger part of their time and practice to the poor, without any financial reward, than men of most other professions give.

Still the hardship that the very best class of people suffer becomes greater as the number of the rich increases. A pauper and a millionaire may have a dangerous operation performed by the most skilful surgeon in the community. But a self-respecting man of a moderate income, who, by any proper measure of men may be of more value to the community than either the pauper or the millionaire, must take a greater risk at the hands of a less skilful surgeon. This condition violates the spirit of the best medical ethics, as it violates the spirit of the best social service; and the commercialization of the profession has to this extent run away with its ethics. Medical societies might reflect that the scandalous fees of some eminent practitioners are undermining the character of the profession—that, there is no doubt.—*World's Work*.

Relation of Heredity to Degeneracy.

A striking illustration of the role of heredity in relation to degeneracy in man is furnished by Dr. R. C. S. Reed (The Lancet-Clinic, Oct. 13, 1906, p. 35) through the statistics of two historic American families. Jonathan Edwards, an only son of a family of eleven children, was born in New England in 1703. It is now known that among the descendants of this family more than 300 are college graduates, 14 college presidents, more than 100 college professors, 100 lawyers, 30 judges, 60 physicians and more than

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ORIGINAL COMMUNICATIONS.

The Etiology of Typhoid Fever—The Relative Importance Flies as a Causation Agent.

(By Dr. C. S. Gilmer, Greensboro, N. C.)

From anetiological point of view, Typhoid, or Enteric fever, should be placed generically with those diseases called infectious, the specific infecting agent being the bacillus of Eberth, or bacillus typhosus.

The word infectious, as applied to diseases, has been used in diverse senses. As herein used, and commonly by the profession at the present time, it is applied to all those diseases which are produced by the entering into the body, by any channel possible, from any source whatever without, of a specific cause, which specific cause is an animal or vegetable micro-organism. This makes it include contagious diseases.

The word has been used in a restricted sense in contradistinction to contagious diseases, to apply to those diseases which were supposed to be due to a

cause coming from a source entirely independent of any previous connection with the human body. In this sense it was applied to a number of diseases formerly supposed to be caused by a miasmatic influence, such as malarial diseases, so-called, influenza, diphtheria, typhoid fever, etc. In the light of recent scientific discoveries, the theory of a disease laden miasm, resulting from the decay of animal or vegetable matter, has well-nigh been abandoned. Indeed there is no proof that any infectious disease results from a general atmospheric influence, that is, a general dissemination of the specific cause throughout the atmosphere out-doors; and to still regard influenza as resulting from this source is untenable, for that would make the manner of its causation, while purely hypothetical, at the same time different from all other diseases. From observations in practice, the writer is as thoroughly convinced that this disease is contagious in the

same sense that measles is, as that the latter disease is contagious.

Without the discoveries referred to, so positive as far as they go, we should hardly have expected that a germ which finds favorable soil and conditions for growth in the succulent tissues, in the dark recesses of the body, should live and propagate itself in the open air, in the light of day. The beneficent Creator, by evolutionary methods, or by direct act, as you please, provided man with a health sustaining atmosphere to breathe; and it is through man's own devices that it is at times otherwise. The cattle of the fields, roaming in the open, have not the hosts of air-borne infectious diseases which civilized man is heir to; and if occasionally they are subject to tuberculosis, it is when they have been closely housed by man.

Neither have the refrigerative influences of the general atmosphere much to do with causing this class of diseases, except to drive man in doors to fill up with infection; though they may aggravate the bronchitis of measles, influenza, typhoid fever, or other infectious diseases, when once the disease is set up, even to the point of bringing on pneumonia. Likely, too, the germs which have only found lodgment on the mucus membrane of the air passages, taken in with vitiated air in doors, are given entrance into the system by the congesting effect of those influences.

Another way supposed possible for disease to be borne by the general outdoor atmosphere is that dust containing pathogenic germs is driven by the winds, and taken into the air passages with the breath, or deposited on food, and with it taken into the stomach. This has been given as a means for the

infection with the typhoid bacilli to come about. Dust, formed out doors, subjected to more or less nascent oxygen from ozone, to direct sunlight, unobstructed by the glass of windows, even, which screens out actinic rays, to all those outdoor influences which are destructive to pathogenic germs, attending the drying of material into dust, is not likely to contain these germs to any great extent. If it were, we should expect that most of the citizens of Greensboro and other towns would succumb to tuberculosis.

While neither typhoid, nor other infectious diseases are air-borne to any considerable extent outdoors, is it air-borne indoors? That is, does it belong to that class of infectious diseases known as contagious, such as scarlet fever, measles, whooping cough, etc., which are contracted through the air by near approach, chiefly indoors, to those sick with the disease?

In some sections, there is a popular belief in the contagiousness of typhoid, so strong and terrifying, that it is hard to get patients sick with the disease cared for properly. Before it was demonstrated that the common house fly (*musca domestica*) could carry typhoid bacilli on their feet, thus giving an explanation to the fact that the disease is sometimes transmitted from the sick to those associated with them, some members of the profession accounted for this by supposing a contagion through the air. Not all the facts were satisfactorily explained by this supposition. Some times a great many would be exposed to the air of a room occupied by a typhoid patient, and no one contract the disease; other times several would, but then they usually were confined to the patient's family, though a great many others might be

equally exposed. Some tried to account for the fact that members of the same family take the disease while others do not, by supposing the specific cause to be air-borne to food which absorbs it, the infection resulting from eating the food. This was a step in the right direction, and had flies been substituted for air as the carrier, the explanation would have been complete. This theory, however, was deficient, because, if germs can be carried by the air alone to food, and thereby indirectly infect the body, they could be borne directly into the body with the breath. While, perhaps, the typhoid germs cannot gain entrance directly by the air passages, (though this may be due to their inability to reach them, not being air-borne), it is reasonable to suppose that they could lodge on the mucous membrane of the buccal cavity and pharynx and be taken into the stomach when swallowing food and saliva, if they could lodge on food and be swallowed.

Another reason for excluding typhoid from the list of air-borne contagious diseases is the fact, that the time of its greatest prevalence is not winter and spring, but summer and autumn. We know measles, influenza, smallpox, and this class of diseases in general, as a rule, find their time of greatest prevalence in winter and early spring; that is, during the time that people are closely housed, with a tendency to gradually increase in prevalence until the open season begins. This is undoubtedly due to the fact, that the virus is not dissipated throughout the air, where it is destroyed, as in the summer, when windows and doors are all open; but is retained in such concentration in rooms occupied by those sick with these diseases. At that time, too, any one is more likely to subject himself to

this infectious indoor atmosphere, on account of seeking shelter from the inclemency of the winter. As we should expect, in the case of those contagious diseases which are prone to prevail during other times of the year, as well as during winter and spring, as scarlet fever, and diphtheria, there are also other means by which they are frequently transmitted, besides being conveyed thro' the air directly from the patient. Indeed, it is possible that the germs which cause these two diseases are also sometimes carried by flies, from the germ-containing expectorations.

In the writer's own experience, there has never been any evidence, when all the facts are considered, to show that typhoid fever is ever air-borne, indoors or outdoors. In all those instances in which it was evidently communicated in some way from one to others, formerly accounted for by supposing a contagion through the air, such an explanation did not account for all the attending facts; while to suppose them to have been caused by flies did in every instance. A time or two it seemed more probable that those nursing bad cases, with much diarrhoea, had acquired the infection by getting their hands contaminated; though these cases could have gotten it by flies, too. Usually those nursing patients have not been observed to contract the disease more readily than the rest that eat at the same table. Indeed, they do not take it as often, for the older members of the family, who do the nursing, are not so susceptible.

During the Spanish-American war, there developed strong evidence that flies carried the germs from latrines to food, thus causing the disease to spread among the soldiers. This caused exper-

iments to be made which proved conclusively that flies do carry the typhoid bacilli. Before this war, in the year 1895, the writer had an experience which was very strongly suggestive of the possibilities of flies as conveyers of the infection. A colored girl, who was staying at Rev. J. McL. Seabrook's, contracted typhoid fever where at the time one of his children was sick with the same disease, a patient of Dr. W. J. Richardson. After being sick some time, she was hauled several miles over a very rough road to her home, which was in the negro community called Wadsworth. The trip home promptly made her a great deal worse; a very bad diarrhoea set in; and she went on from bad to worse until she died. The first time the writer saw her, which was at her home, she probably had been sick ten days or more. A large stool had been kept just outside the house to show me. On approaching the uncovered vessel containing it, flies swarmed up from it in great numbers. After about the usual incubative period from this time, the father and his three remaining children that lived with him developed the disease. The man's wife, who was stepmother to the sick children, and her daughter escaped fever; though they had malaise, furred tongue, and anorexia a few days, which condition was apparently relieved by doses of calomel. The woman nursed the first patient mainly herself, and the rest of the family altogether, with the exception that her girl and other negro women of the community helped some. The man did not help any in the nursing before he got sick himself, and was gone off to his work most of the time through the day. When at home, he did not stay much of the time where the sick girl was, and at night slept in

a room cut off by a partition from the room she occupied. The children had but little to do with attending to the first case, the youngest probably nothing. None of those women of the community who helped in nursing, took the disease, or were sick at all during the time. The well that the family used out of was about two hundred yards away at another house; and was beyond a ridge, so there could not have been any drainage toward it. Several families used the same well. Others had every possible way to get the disease that some members of this family had, except they did not eat at the house, and, therefore, did not take into their stomachs the germs deposited by flies on the food. The house containing the sick was so far removed from other houses of the community that, it is to be supposed, the flies did not carry the germs to any of the others. Since then I have observed similar instances where the infection passed from one to other members of families, which were readily explained by supposing flies to have borne it, and in no other way satisfactorily. Usually the sick were either in the same room where the rest of the family ate their meals, or in a room adjoining and opening directly into the dining room.

For one to stay at a place where there is fever long enough to eat only one time, may be sufficient to give him the disease, as in the following instance. Two children went with their parents into a house where there were some cases of typhoid fever, and stayed a very short time. While there, in the room where the sick were, the children ate a lunch, consisting of bread with sweets spread on it. There were a great many flies in the room, and we can imagine how they would swarm

over the food. These children went to their home, which was several miles away, and in due time became sick with typhoid fever, patients of Dr. J. T. Rieves and myself.

It is possible, too, for flies, and with them the infection, to be carried a great distance in buggies and other vehicles. Any one traveling over the country in a top buggy may observe that a few flies, sometimes a great many, accompany him, and that they are hard to dislodge.

That water is an important conveyor of typhoid is well known. That the infection resulted in this way in several epidemics has been proved, and usually these epidemics were of great severity. Is it not possible that the seriousness of these epidemics, along with the striking proof of their being water-borne, as when a great many in a city using a common water supply get sick at the same time, while all those using water from some other source stay well, has so impressed the profession and laity, that they have been blinded to the importance of other possible conveyers of the disease? Where there is one case clearly shown to be caused by drinking water, there are a great many that cannot be accounted for in this way. The purity and wholesomeness of drinking water is most important, and nothing should be done to cause sanitary officers to relax their vigilance in guarding these. The very fact, however, that such excellent work has been done along this line in the most of our towns, and still typhoid fever cases recur each year, at the usual time, in about the same numbers, seems to show that drinking water is not the one great and controlling factor in the spread of the disease. In those comparatively few instances in which epidemics were

clearly shown to be caused by some particular water supply, a great many persons took the disease close together, at the very onset, the epidemics quickly reaching their maximum daily increase. We should expect all those that are not immune, if they have a common water supply containing the typhoid germs, would quickly develop the disease, making an epidemic come on thus abruptly. Usually, however, the epidemics, or periods of increased prevalence, which we have annually do not come on in this way; but the increase is very gradual, cases following each other in the same vicinity a few weeks apart, and showing no evidence whatever that is conclusive that they depend on any particular water used. Of course, more than one sometimes take sick together where they eat together of the same infected food, as already mentioned. It seems that, when drinking water contains typhoid germs, they are so disseminated through it, that nearly all those not immune, after taking one or at most a few drinks of the water, receive the infection. This must be so to account for the abruptness of the development of epidemics caused by water. The drainage of the discharges of one typhoid patient into a large reservoir of drinking water has been known to cause a wide-spread epidemic, consisting of numbers of cases, resulting within a week from the time the first case developed. If the slowness in the development and extension of our ordinary annual epidemics were due to the germs being so sparsely mixed in the water, that part of those using it would not get any of them until after taking a great many drinks, some more, some less, then we should expect every few days among those using the water a new case would de-

velop, with no regularity as to time. But, instead of this, we often find clusters of cases developing at the same time among those eating together. Also, in homes where there has been a case of fever, after intervals of three or four weeks following the onset of the case, one or several new cases sometimes develop. These groups may consist of a few in a home, or a great many in an institution where a great many eat at a common board. In the latter case we have an epidemic which, in magnitude and quickness of development, resembles those caused by water, and is often erroneously put in that class.

Is it not more reasonable to suppose the epidemic at the State Normal and Industrial College a few years ago was caused by flies, which carried the germs into the dining room from the soil that was befouled by a leak in the sewer, or possibly by the germs being in the food brought from some remote locality to the table, than that it resulted from the suspected well: since this well was so far removed from the broken sewer pipe, with a stiff clay soil intervening; and only those who ate in the dining room had the disease, while not one of the many who did not eat there, but drank water from the well, had it?

My practice has been altogether among people who use spring and well water, the kinds that are thought to be especially likely to contain the typhoid germ. Not in a single instance have I had any reason to think that a case of mine was infected by the water drunk. Nearly everywhere that there were typhoid patients, people passing or visiting drank the water, but no one of those who did this contracted the disease, so far as my knowledge goes, unless he also ate where the disease was.

Very small basins, or surfaces, are drained directly toward springs, and what surface water goes in the direction of the mis usually carried around by a ditch, so that very little goes directly into them. They are also rapidly self cleansing to a great extent, as the water runs away continually. While the water of wells is more stagnant in its nature, still less water drains from the surfacedirectly into them. It is not very common for excreta to be deposited where it can wash directly into either, and sanitary instincts usually forbid it in sickness, even among the rudest. Nearly always the rain water which comes in contact with typhoid discharges can only reach springs and wells by passing through a great thickness of earth. Will water which has soaked these discharges carry the bacilli with it as it percolates through the earth to the water veins supplying springs and wells? Cases occurring in localities where there was a case a year or more, sometimes a great many years, before are often accounted for in this way. The filtering effect of the soil would very much retard the germs in their course downward, and we should not expect any one to get the infection in this way for a long time, for that reason. Another thing which sets a limit to the possibilities of water as a typhoid germ bearer is the fact that the bacilli cannot live long in water. They live three months in sterile water, but in water not sterilized and containing water bacteria, they perish in fourteen days. Then those very spells of wet weather which would be favorable to gradually work the germs on through the earth towards sources of drinking water probably are destructive of them, because they are kept continuously submerged. The same un-

favorable condition would exist for them also should they reach that part of the earth close to the veins, which is perpetually soaked with water. There is of course a limit to the depth in the earth that the typhoid bacilli will live, as there is to all vegetable life, and it is doubtful if they ever pass very deep down to reach the veins. Under ordinary conditions, there is evidently a limitation to the existence of the germs in the earth in the surface soil, as well as deeper, for the reason also that, if the earth were suitable soil for them to go on propagating indefinitely, they would soon spread all through the soil, all over the earth's surface. That, by the way, would prove a blessing, for then all mankind would enjoy an immunity. Then, since under ordinary conditions the bacilli could hardly live in the earth long enough to be washed through to the veins supplying springs and wells at all, they certainly could not be held to cause the infection several years, or even one year after.

These conclusions are further borne out by the fact that typhoid is a disease of summer and autumn chiefly. If the disease is kept going mainly by the germs being taken in with drinking water, why is it that there is so very little of the disease in the winter, when we sometimes have greater rains to wash the germs from the soil into the water supplies? As we should expect, some of the water borne epidemics, which were proved to be such, prevailed during some other time than summer and autumn.

It is likely, that when the disease is water-borne, the germs are nearly always washed over the surface of the earth into the water supply and therefore, that they far more often get into

reservoirs, which receive their water from rivers and other streams draining considerable basins, than into spring and wells. So far as my knowledge goes, in most of the instances in which it was proved that drinking water caused the disease, the water was of the former kind; although there are thousands of springs and wells to where there is one water supply from rivers and creeks. Is not the fact, that a city using reservoir water is better protected against typhoid fever, due altogether to the sewerage afforded, on account of which flies do not have access to discharges?

The low subsoil water theory to account for the production of typhoid is far-fetched, however explained; whether by supposing, as did Pettenkofer, that air is thereby given access to germs in the soil, the more rational explanation of the two except for the fact that the disease is very unusually if at all air borne; or that the germs are superficial or deep in the earth, according as the subsoil water rises or falls, in the latter case, that they get into wells and springs. The latter explanation does not take into account the filtering effect of the earth; nor the fact, that when the subsoil water is near the surface, still the rain water soaks into the earth until it reaches the former, and then prevented from going deeper, soaks just under the surface through the more permeable surface soil, which is more likely to contain the germs, towards lower levels, where there are springs, wells and water courses. The adherents of this modification of Pettenkofer's theory also show its weakness when they are driven to admit an important exception to it in there being a lack of fever during winters which have low subsoil wa-

ter, and in explaining this by holding that the germs are frozen fast at the surface of the earth. About all that could be claimed for the theory is that it seems to give an explanation of the fact that the disease does not prevail during other times of the year besides summer and autumn, the time that the subsoil water is usually the lowest; and to admit that it is not sufficient to explain the lack of fever certain exceptional winters implies an admission that there is some other entirely sufficient explanation, not only for these winters, but all other winters. But this all sufficient explanation on the other hand cannot be the frozen condition of the earth, for that evidently would not answer for the early part of winter and the latter part of spring, when the ground is not frozen. If the disease were stopped in winter in this way, the germs would be retained frozen in the soil, and in the discharges deposited on the soil—they may even accumulate in cold storage, as it were, by the continued depositing on the earth, of germ-containing discharges for some time subsequent to the time the freezing weather begins—and as soon as they should thaw out, we should expect the disease to become prevalent again, for the former conditions for its production would be entirely restored. Indeed, the Plymouth epidemic was produced in this way; but the time of this epidemic, and the manner of its production, evidently are very exceptional.

Dairy products are frequently responsible for introducing the infection, as they are taken into the stomach uncooked. It is commonly thought to be all that is necessary to explain an infection through them, to find out that there is a case of fever where they

come from; for polluted water does the rest, as is supposed, by being used to wash milk vessels, or to dilute milk. Such an assumption probably is usually without foundation; but the ubiquitous fly is ever present to furnish the connecting link between the discharges of the fever patient, and the milk and butter.

Another agency which seems to be very important as a conveyer and distributor of typhoid fever is the railroads, a fact not only observed by the writer, but by others. For all the time that I have been practicing, over all the territory the sickness of which I am acquainted with, there was a great deal more typhoid fever in the vicinity of railroads than elsewhere. This applies to the N. C. R. R. on one side of me, and the C. F. branch of the Southern on the other. Indeed, while many cases which developed near these railroads seemed to have received the infection there also, in my own immediate community, for a few miles in all directions, removed as it is from all railroads, very few persons have the disease except those who go away from home to Greensboro or somewhere else to work, and come home sick. There are persons sick with fever traveling home on the railroads at all times through the fever season. If they have not diarrhoea before, traveling starts it up, and discharges containing the germs are distributed all back to the source. It has been suggested that, after the discharges are dried, the germs are carried in dust, from the railroads to those living nearby. More likely the fly plays an important role here, as elsewhere. It is possible, that, by washing rains, the germs are carried some distance and deposited along streams. Whether washed from railroads or

some other place, when deposited in the mud along banks of water courses in pastures, it is possible that domestic animals, especially cows, bring them on their feet to stables, and then flies convey them to the milk when the cows are being milked, or to other food. If in an open country one railroad passing through does cause such an increase in typhoid fever, how are the conditions favoring a greater prevalence of the disease multiplied in railroad centres where many people are so closely congregated!

In whatever way he travels, undoubtedly man himself affords the most important means for the disease to be conveyed to distant places, as is the case with all communicable diseases.

Some circumstances connected with one case in my practice seem to give an explanation to the fact that the disease is endemic in some places. In an old log cabin, in which had been some cases of fever several years before, a negro family lived; and one of the children, a boy eleven years old, contracted the disease. There had been no cases of fever in the neighborhood that year, and the child had not been from home for a long time. The place was out in the open country, not near any other house, or a railroad. No other one of the family had the disease while the child was sick, though all the other children had it together afterwards, the infection no doubt having been conveyed from the discharges of the first case. A short time before the first case took sick, the father cleaned from under the house a lot of dirt to use on his crops. It was remembered that the child had played in this dirt with his hands, after it was loaded on the wagon. There were great cracks between all the planks of the floor of the house, and

if those who were sick there years before were as unsanitary as this family, (they allowed the child to pass his discharges on the floor and then washed them through the cracks), it is not difficult to understand how this dirt could have been implanted with typhoid bacilli. Even if ordinary care was taken it is possible that the bacilli might have gotten conveyed under the house. It is possible that the conditions which exist in the earth under a house, where the light at all times is very much subdued, and the proper degree of dampness obtains, without there ever being an excess, may be such as to afford a suitable soil for the bacilli to live and propagate in indefinitely; or perhaps they may exist in such a place for a long time, with full power to produce the disease, in a state of thorough desiccation, like the virus that produces small pox, provided light is kept from them. Flies, or other insects, if they have access to such infected dirt, or even animals like rats and cats might bring the germs to food. Other possible ways for the infection to be conveyed from such a source can be conceived of, as in the instance just cited.

The germs may continue to live in a great many similarly protected places, especially under privies and afford a source of infection one or many years after.

In conclusion it may be asked, Why is it that typhoid fever is a disease of summer and autumn? We have seen that it is not an air-borne contagious disease, else it would be a disease of winter and spring, but that does not tell why it is mainly confined to the former seasons. To attempt to answer this question has been the purpose of this paper chiefly, for that would give the one great and controlling agency in the

causation of typhoid fever from year to year. But for this agency typhoid fever would evidently either entirely disappear, or become so infrequent as to be of little consequence; for we know how nearly it disappears in winter. This agency cannot be water, for the influence of water to keep up and extend the disease operates in winter and summer. Malaria and yellow fever, conveyed by the mosquitoes, anopheles and stegomyia respectively; the Texas fever of cattle, by the cattle tick; and possibly the Rocky Mountain spotted fever and dengue, each, by a specific tick; as well as several other diseases, by various insects; all prevail in warm weather because that is the time these insects are active. May not flies, then, which are known to be conveyers of the typhoid infection, as well as that of some other warm weather diseases, be responsible for the almost exclusive prevalence of typhoid during the time of year they are most active? Under ordinary conditions, with no artificial protection against them, during the time that typhoid is prevalent, flies always visit all fecal discharges and all food, a thing that nothing else does. During this time no other agency approaches them in activity to convey the disease, and there is no other known agency which only operates to convey the infection in warm weather.

If the conclusions of this paper are well founded, more decided effort at prophylaxis should be made along certain lines where heretofore there has been but little done. Perhaps these efforts would be more fruitful of results than those preventive measures of the past, frequently thorough as far as they go, but disappointing in utterly failing to keep off the yearly visitations of the disease.

Angulation at the Sigmoid.

(By G. Paul LaRoque, M. D., Richmond, Va.
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This condition to which attention was recently called by Dr. H. Beekman Delatour in the *Annals of Surgery*, Nov. 1905, while perhaps more common than is generally supposed is yet sufficiently rare to justify a more or less detailed report of every case observed. The following case is worthy of being placed on record since the condition was recognized at operation and remedied and the patient has been absolutely free from symptoms since the operation. The woman was a patient of Dr. Stuart McGuire at St. Luke's Hospital through whose courtesy I was enabled to study the case and to whom I am indebted for the privilege of this report.

Miss Y. Fann. Hist. Father, mother, two brothers and one sister are living and well; there is some paralysis among her uncles, and her grandfather died of tuberculosis; otherwise negative.

Prev. Pers. Hist. Had the ordinary infections of childhood including diphtheria. Had pneumonia twice, the last time 6 years ago. About 4 years ago, at the time of her graduation from school, she had a mild attack of dysentery confining her to bed a few days. She has always led an active life and was always remarkably healthy. She has taught school about 4 or 5 years.

Pres. Trouble. In the latter part of the fall of 1902 while visiting away from home, was seized one evening while dancing, by an attack of severe colicky abdominal pain, nausea and vomiting, so that she had to give up dancing. This pain was attributed at the time to dietetic error and the next

day she was comfortable except for general abdominal soreness. Within the course of a few days she was tolerably well, however, except for marked constipation. During the winter there were occasional recurrences of such paroxysms and constipation became so marked as to necessitate purges.

On March 17, 1903 she suffered for about a month with paroxysms of intermittent violent pain of the type of intestinal colic attended by nausea, obstinate vomiting, absolute constipation, great abdominal distention; and with it all she was completely prostrated. She was operated upon at her home for intestinal obstruction. Upon opening the abdomen no obstruction was found but the appendix, slightly adherent, was removed. During convalescence from the operation, the distention and other symptoms persisted, and constipation was absolute for 7 days. Upon getting up she noticed persistent abdominal distention. Her physician treated her almost continuously especially for constipation and was forced to administer enormous doses of strong purgatives. Licorice powder would generally be fairly effectual.

The distention has persisted, the constipation has become more marked, and she has frequently suffered violent acute paroxysms of pain, nausea, vomiting and prostration.

In Jan. 1904, not having improved, she was operated upon again and her uterus, slightly retro-displaced, was suspended, without much effect on the symptoms.

She has continued to suffer recurrent paroxysms of violent pain, vomiting and prostration. Abdominal distention has persisted and she has not had a proper evacuation of the bowels

in "3 years." She has had to continue taking purges and enemata and came to St. Luke's Hospital for treatment.

Collateral facts in the history. She has frequently noticed the passage of little blood by the bowels and on two or three occasions this amounted to a "couple of tablespoonfuls" of dark and clotted blood; she has noticed none of this during the past 6 months. The evacuations have been made up largely of mucous, at times in very marked quantities and in large flakes especially in the second and third enemata. Purges produce violent increase of pain; enemata and the passage of rectal tubes are agonizing. There is never the slightest evacuation nor desire for such spontaneously; frequently two or three enemata are required and these are only partially successful. There has never been a formed movement.

On one or two occasions she has had pain of similar type but having the location and radiation of right sided renal colic. Her physician has found leukocytes, red cells and small quantities of albumen in her urine.

For the past year she has had dysmenorrhea and the purgation occasionally precipitates menstruation.

She is otherwise well and hopeful. She has had no fever nor chill nor been unconscious though during the pain she is violently prostrated. There have been no crying paroxysms, convulsions nor stupor.

Upon admission to St. Luke's Hospital she was suffering a violent attack with great distention, rapid pulse, and other signs of a moderate degree of shock. After several days and repeated efforts a partial evacuation from the lower bowel was secured. Sometime later during the course of vaginal examination the rectum was found im-

pacted with faeces. Examination of the pelvic organs was negative. During the first two or three days of June 1906 she suffered again a violent paroxysm similar in character to the above and a week later after sigmoidoscopic examination, another attack and the following day after cathartic pills a most violent one.

Phys. Exam. A well nourished, slightly pale young woman of a congenial temperament but somewhat discouraged as to her recovery. She presents none of the appearances of a hysterical subject and seems perfectly normal in every respect except the abdomen.

This is markedly distended all over and there is a transverse constriction at the waist line, i. e. just above the umbilicus. Respiratory mobility is unimpaired. Measurements are as follows: At the xiphoid cartilage 30 inches. Half-way between xiphoid and umbilicus 28 3-4 inches. At the umbilicus 29 1-4 inches. Half-way between the umbilicus and the pubis 32 1-2 inches. There is some lordosis in the lumbar region but this is due to prominence of the buttocks rather than to any spinal curvature. There is slight general abdominal tenderness somewhat more marked on the right side. Nearly the whole of the colon is palpable but none of the other abdominal organs can be felt. The abdominal rigidity is that only of distention. Percussion notes a general tympany and diminished area of liver dullness; the splenic area cannot be outlined. There is no area of circumscribed dullness. Auscultation shows slightly exaggerated sounds incident to peristalsis. Auscultatory percussion is entirely negative.

At this point a provisional diagnosis

of incomplete intestinal obstruction was based on the following: (1) a history of recurrent attacks of violent abdominal pain attended with nausea, vomiting and moderate shock (prostration) and a number of times followed by the passage of blood. (2) obstinate almost absolute, constipation; (3) intestinal distention; (4) hypertrophy of the colon.

Rectal Exam. Externally no sign of disease is seen. Marked pulsation of the hemorrhoidal arteries is noted and the rectum is empty. The passage of a proctoscope is attended by agonizing pain in spite of the previous administration through the rectal tube of a pint of olive oil. There is an area about 8 inches from the external sphincter in which there is greatly exaggerated tenderness and distinct resistance, though this is finally overcome and the instrument passed 16 inches into the bowel. Inspection notes an apparently sessile growth projecting into the lumen of the canal just above the junction of the sigmoid and the rectum. The mucous membrane of the rectum is moderately red but shows no sign of localized disease and is empty. The sigmoid contains a small quantity of faecal matter and its mucous membrane is thrown into folds and apparently hypertrophied. There are no ulcers, only moderate inflammation. There are no signs of hemorrhoids, fistula, nor fissure. The examination was agonizing to her though she bore it bravely. The colic and local pain persisted until 4 o'clock in the afternoon at which time it was relieved by 1-12 gr. morphine administered hypodermically.

Diagnosis:—Incomplete intestinal obstruction. Benign tumor of the colon. Coeliotomy was performed June 11,

1906, by Dr. McGuire. The large intestine was distended with gas and faeces; the rectum was empty. A careful search was made of the entire intestinal canal. The sigmoid was found attached by a very short mesosigmoid causing rather sharp angulation. The colon above this point was filled with faecal matter and the rectum was empty. After dividing the mesosigmoid the faeces were easily manipulated into the rectum. Continuing the examination there was noted some adhesions of the omentum about the stomach. From the sense of touch it was impossible to find any lesion of the mucous membrane.

Note. What we believed to be a growth arising from the mucous membrane as seen through the sigmoidoscope, proved to be an invaginated portion of the mucous membrane of the sigmoid flexure through the portion constricted by its short mesenteric attachment, and causing angulation of this part of the gut.

This is the first case of the condition on record as having been recognized during life. I recognized another case in Aug. '06, in consultation with Dr. F. A. Whittaker, of Kinston, N. C., and in this case the diagnosis was confirmed at autopsy.

The uterus was held anteriorly by an artificial ligament about an inch long resulting from a previous ventro-suspension. The old scar was dissected out and the abdominal wall united in layers.

Convalescence was uninterrupted and on the third day following operation a painless bowel evacuation was secured by the administration of two drams of extract of cascara followed by a simple enema. At the present

time she is entirely free from symptoms.

Since Dr. Emil Reis called attention in the *Annals of Surgery*, Oct. 1904, to mesosigmoiditis its relation to recurrent volvulus of the sigmoid flexure, it would be interesting to know how much causative effect can be attributed in this case of angulation, to the previous attack of dysentery. Since this affection, when it attacks the sigmoid flexure may be, and frequently is, attended by inflammation of the mesosigmoid, it is logical to believe that upon the contraction of such inflammatory tissue after recovery, might easily produce shortening of the mesosigmoid, which seems to have been the case in the patient whose record is here reported.

I believe that the condition of angulation should be recognized in the future since the subject has been so admirably described by Dr. Delatour.

506 E. Grace Street.

Albuminuria and the Induction of Labor.

Veit (*British Gynecological Journal*) holds that neither albuminuria in itself nor the kidneys of pregnancy constitutes an indication for the induction of premature labor, though the first signs of transition into nephritis do. Ascites, hypertrophy of the left ventricle, and still more albuminuric changes in the retina, demand the induction of labor. If the pregnant woman already has nephritis, Veit does not induce labor until there is some further disturbance of equilibrium in the patient's condition, such, for instance, as the onset of dyspnea or of irregularity in the pulse.—*Columbus Medical Journal*.

ABSTRACTS.

A Method of Drainage of the Ankle Joint.

(*Annals of Surgery.*)

Bolton states that he treated a number of cases of severe injury to the ankle joint. Drainage was necessary and was very defective and a panarthrititis usually developed in many cases necessitating an amputation through the leg. This led to the devising a more satisfactory plan of drainage. He states that the ankle joint consists not of a single compartment lined by a synovial membrane but rather of two, one anterior, the other posterior, separated from one another by the astragalus and the two malleoli, and in communication so far as the flow of synovia or exudate is concerned only by narrow channels beneath the lateral ligaments. He illustrates his article with photographs of three frozen sections of the ankle joint. He states that it seemed that drainage conditions could best be met with by removal of the astragalus. The method of the removal of the astragalus depends upon the original injury. It is most accessible through an incision over its head parallel to and to the outer side of the extensive tendons made with the foot strongly adducted. The resultant stage is as good if not better than where, even if the leg is saved, a stiff and tender ankle is obtained.

An Unusual Nidus for Gonococcal Infection.

(*Medical Record.*)

Bellinger reports a case of recurrent gonorrhoea in which the nidus of infection seems to have been in a "pocket" produced by adhesions between the prepuce and the glans penis, the dis-

charge from the "pocket" beginning several days before there was any urethral discharge. After breaking up the adhesions and cauterizing the raw surfaces no recurrences have been observed. He obtained anasthesia for breaking up the adhesions by injecting twenty minims of a one per cent. solution of cocaine into the region of the dorsal nerve of the penis close back to the prepubic angle. He states that the nerve can be easily found by picking up the tissues in the middorsal line of the penis near the symphysis and rolling them between the fingers, the small hard cord being the nerve. This method gives complete anasthesia and is useful in circumcisions, cauterization of chancroids, etc. It is not necessary to inject directly into the nerve.

Femoral Herniotomy.

A. J. Ochsner, Chicago (Journal A. M. A., Sept. 8), claims that all that is required in treatment of femoral hernia with the normal circular opening of the femoral canal is to dissect out carefully the hernial sac quite up into the peritoneal cavity beyond the inner surface of the femoral ring, ligate it high up, cut it off, and permit the stump to withdraw within the peritoneal cavity. Removing all the fat contained in the femoral canal and simply closing the skin wound completes the operation. The method is based on the well known fact that it is practically impossible to keep a circular opening in any part of the body from closing spontaneously unless it be lined with a mucous or serous membrane. In cases where the opening is congenitally not circular or is torn in traumatic hernia, or is cut in

strangulated cases, this method is of course not indicated. He has used this method constantly for fourteen years and finds that, barring unusual accidents, recurrences do not happen. He tabulates the cases thus operated on from which he has been able to obtain definite reports, thirty in number, and in none of these was there a recurrence. He reviews the principal features of the more important methods used in femoral hernia, some of them in detail, and concludes that every one of them that does not utilize the principle here emphasized of leaving the femoral canal in the form of a circular opening, is faulty.

Filigree Reinforcements of Abdominal Scars.

From his experience in 22 cases, W. Bartlett, St. Louis, Mo., (Journal A. M. A., Sept. 8), finds that a scar, no matter how thin, if kept from stretching by imbedded wires, forms a reliable integral portion of the abdominal wall, and that a ready-made filigree answers all the requirements. Since scars tend to stretch laterally, the filigree need be made up only of cross wires, held together in the middle by a single twisted strand following the line of the suture. His operative technique is described. He dissects away the old scar in post-operative hernia cases, opens up the sac and with the hand inside dissects it away from the abdominal wall, separating the peritoneum and transversalis fascia from the posterior surface of the muscles, trimming it and closing it, and on the bed thus formed by fascia the filigree is placed and held by sutures at its extremities. It does not matter, if the defect being large, it is impossible to reunite the edges of any structure by the skin; all that is needed is that the edges of the

network be covered for a short distance. He is convinced that a segment of the abdominal wall, consisting of peritoneum, filigree and skin, is sufficient, provided the operation has been properly done. Cases are reported showing how well the contrivance works in various conditions; suppurating wounds, pregnancy, as a prophylactic arrangement, etc. He has had no failures to record in his five years' experience.

Rheumatism and Its Treatment. (*Medical Record*).

Walter states that we have made a poor diagnosis when we pronounce a case of rheumatism. The term directs us to no pathological condition, it serves to satisfy the patient while confusing the mind of the physician. He reaches the following conclusions:

1. The various infections will account for every form of so-called "rheumatism" except muscular and that is an intoxication. This intoxication accompanies or precedes most articular and some nerve infections.

2. The term "rheumatism" is a misnomer, but must be retained for a time, until real facts are appreciated by the profession and laity.

3. Better diagnosis brings intelligent treatment.

4. Intelligent treatment means the use of combined methods and a thorough working knowledge of the case. This should consist of prophylaxis—better understanding between patient and physician, with attention in the main to social conditions, dietetics, exercise (or rest) as indicated, elimination by proper baths, fresh air, the right co-operative mental attitude, and in some cases climate.

5. Autointoxication with faulty elim-

ination is directly responsible for these conditions.

6.. That it is necessary for physicians to make a greater study of the toxic effects of leukomains and to lay more on the findings in the urine of the products of indigestion.

7. An examination of the urine is important in every case for these products of metabolism as well as albumin, casts, and sugar.

8. Heredity has no effect except as establishing social conditions followed by the family.

9. The importance of baths and the precedence of hot mud-packs over other baths for equalizing the circulation, stimulation of glandular activity, and elimination.

10. The avoidance of a sedentary life and also of great muscular fatigue, the latter being a cause of muscle pains in children and working men.

11. Alkaline waters and drugs hold a large place as antacids and antiseptics to the intestines, though they are greatly abused.

12. Hot baths must not be given in dilated hearts, high blood pressure, arteriosclerosis, tuberculosis, and great emaciation, though they are indicated in autointoxication without such complications.

The Antitoxin Treatment of Malaria.

Assistant Surgeon J. H. Ford, U. S. A., Malabang, P. I., (*Journal A. M. A.* Jan. 12), reports the results of experiments made with the serum treatment of malaria. The animals employed were monkeys, indigenous to the Philippines, and goats, which were repeatedly inoculated with defibrinated human blood containing *Plasmodium vivax*. Of twenty patients suffering with benign tertian infection and treated

by injections of defibrinated blood of these animals or of serum from the inoculated goats, seventeen recovered without further medication, while three were apparently unaffected by the injections. Two cases of the quartan type were also uninfluenced, and the same method was later tried with five cases of estivoautumnal fever, also with negative results. It would seem, therefore, that these experiments bear out Koch's opinion that immunity from one malarial parasite does not confer immunity against the other types. Control cases were observed which confirmed the results of the experiments, showing a very small proportion recovering spontaneously from the benign form and no results from the injections of normal goat serum. It would appear from this study that the successive inoculations of monkeys or goats with blood containing the *Plasmodium vivax* gives rise in those animals to an antitoxin which, when injected in adequate doses in human beings, may be followed by disappearance of the parasites from the circulation and disappearance of the symptoms of malaria. The antitoxin has apparently no effect on infections by other varieties of the malarial parasite than that from which it was derived. Ford suggests the advisability of similar studies in the case of yellow fever, especially in view of the observation of Marchoux and Simond that a temporary relative immunity can be conferred by the injection of the serum of a convalescent from yellow fever. An antitoxin for yellow fever might have a more definite value than one for malaria, since natural immunity is usually produced by a single attack of the former disease while in malaria it develops much more slowly and with less certitude.

Goiter.

C. H. Mayo, Rochester, Minn. (Jr. A. M. A., Jan. 26), discusses the surgical treatment of goiter and the anatomy and physiology of the thyroid in its surgical aspects. He shows that surgical treatment is most satisfactory from an operative point of view, and that it gives rapid relief in suitable cases. During the past seventeen years the Mayos have operated on 182 thyroids; 57 of these operations were for exophthalmic goiter, with seven deaths in all, and with but one in the last 22 cases. Of the other 125 operations there were but two deaths, one on the eighth day from pneumonia and the other from tracheal collapse following the removal of a carcinoma. The results have been very satisfactory in exophthalmic goiter. Of those who survived the operation, fully 50 per cent. made an early and complete recovery, and the remainder are greatly improved. The ophthalmus is often one of the last symptoms to disappear. While the Mayos used local anesthesia in many cases, they now use ether, preceded by a hypodermic of 1-6 grain morphin and 1-150 of atropin. The details of the operation are described.

The Causes and Treatment of Enuresis.

(*Pediatrics.*)

Lewis states that nocturnal enuresis is a symptom, the causes of which are believed to be various. That the urine may either be of high specific gravity, highly acid reaction, dark in color, and small in quantity, or it may be low specific gravity, alkaline reaction, pale straw color and large in amount with a trace of albumin. That patients are often anemic and neurotic. He believes that in many cases the cause of

the enuresis is cured but the habit remains. That it is owing to this that many methods as circumcision or corporal punishment. Yet the reputation of curing when they have only broken a habit. He states that there is always a digestive disturbance and believes this to be the key to the situation:

"Enuresis with acid urine is the result of putrefactive decomposition of the albuminous constituents of the food. Enuresis with neutral or alkaline urine is the result of putrefactive decomposition of the farinaceous constituents."

Superstition in Teratology.

The belief in maternal impressions affecting the fetus is vigorously attacked by E. T. Shelly, Atchison, Kan. (Jr. A. M. A., Jan. 26). While the ancient notions regarding monstrous births, which he mentions have been given up by modern authorities, he quotes from a number of recent text-books showing that the belief in maternal impressions is by no means entirely abandoned. It has, however, he says, only one argument in its support, that is, that of *post hoc ergo propter hoc*. Against this we have the scientific fact that the relation of the fetus to the mother is not one of continuity, but simply of contiguity the mother being the host and nourisher of the developing child. The physiologic relationship between the mother and embryo is so slight that but for the practical difficulties involved the impregnated human ovum might be transferred from one womb to another without interrupting its development, as has actually been done in some of the lower animals. Even the blood of the mother can only reach the child by osmosis through a membranous barrier, and there is no direct nervous communication whatever. The un-

fortunate structural aberrations originate very clearly in development and often before a woman is aware of her condition, and practically always before the maternal impression, to which the anomaly is ascribed, takes place. The great objection to the superstition, however, is the baleful effect on the expectant mother, to say nothing of the bad effect it has on the study of teratology, cases which should receive careful scientific study being relegated to idle speculation on maternal impressions and fancied resemblances.

The Rogers and Torrey Antigonococcus Serum.

G. K. Swinburne, New York City, (*Journal A. M. A.*, Jan. 26), has employed the Rogers and Torrey antigonococcus serum in 13 cases of epididymitis. He was able to trace 11 of the patients through the whole course of their ailment. Eight were treated within 24 hours of the beginning of their symptoms; three had had the trouble three or four days. Three patients received 2 injections, four received 3, two received 4, and two received 5 injections. In three patients who received 2 injections twenty-four or forty-eight hours apart, there was apparent complete recovery in a few days, then a slight relapse requiring another injection (which if used before, might have prevented the relapse). The injections were given as Dr. Rogers gave his, on the back of the arm, with due aseptic precautions. In all the cases but two the patients had no pain after the fourth day, except in the three who relapsed. In five there was left no trace of the disease, in four there was a slight nodule, and in two there was a rather soft mass left about the epididymis. Four of the cases were se-

vere from the start. Swinburne believes the serum had a distinct effect in all the cases, markedly modifying the course and shortening the duration of the disease, and in several of the cases the quickness of the recovery was remarkable. The cases are reported in detail.

Addenda to Therapeutic Measures in Certain Forms of Nephritis.

Dr. F. M. Johnson read a paper with this title before the Section on Pharmacology, American Medical Association at its 1906 meeting, (*Jour. A. M. A.*, Dec. 15, 1906). The inadequacy of the therapeutic measures available in the diseases of the kidney and the necessity for additional measures alluded to in advocating lavage of the renal pelvis in certain forms of nephritis. The technique of the use of cystoscope and passing of the catheters require much patient perseverance, and cannot be taught by text books.

His conclusions are as follows:

Let me summarize the points which I trust will meet with your approval. There is indeed:

1. More extensive scientific investigation of the chemical and microscopic characters of the urine.
2. A full examination of the urine of patients much more often than is now done.
3. Earlier recognition of pyelitis and beginning forms of nephritis. Also of both ureteral and urethral strictures.
4. Employment of lavage of the renal pelvis in properly selected cases.
5. Greater familiarity with simple bladder washes and the proper use of the catheter.
6. Searching investigations regarding better therapeutic agents in kid-

ney diseases and a more thorough study of the chemistry of foods.

7. Better co-operation in thought and work among the members of the medical profession.

Disinfection of Physician's Hands.

Shekwana, Bacteriologist of the Iowa Board of Health, thinks that physician's are more prone to carry infection than any other class of people because they not only go in the presence of infection but handle infected persons and thus contaminate their hands. He suggests (*N. Y. Medical Journal*, Dec. 8, '06) that physician's carry with them a disinfectant and use it both before and after examining a patient.

The following are his conclusions as to the disinfectant to be used:

"As to the disinfectant to be used, it is a matter of choice. The author, from personal experiments on his own hands as well as on other people, can recommend the following disinfectant:

"A solution of bichloride of mercury, 1 in 1000, will sterilize the hands in from five to ten minutes.

"A solution of from 4 to 5 per cent. carbolic acid will act in from ten to fifteen minutes in a similar manner.

"A 2 per cent. solution of lysol will act in about ten minutes, and render the hands sterile. (It must be mentioned that in disinfecting hands unclean with pus, or disinfecting substances containing pus or albuminous matter, it is not advisable to use bichloride of mercury, but carbolic acid or lysol, as the former forms insoluble compounds with albuminous substances and loses its disinfecting properties.)

Of course there is a difference between different hands, the rougher the hands the longer it will take the disinfectant to act. None of these three

mentioned solutions is injurious to the hands, and, for instance, if some people find that a 4 to 5 per cent. solution of carbolic acid is a little too strong, a little alcohol mixed with it will make it pleasant for application without impairing the disinfecting properties of the solution, or, better, still, it may be mixed with a little glycerin.

"If this self-disinfecting system were to be practised by every physician, a practitioner would himself be less liable to catch a disease or transfer it to others."

Infection of Tuberculosis.

Flick claims that the way of Infection of Tuberculosis must be studied under three heads. (*Medicine*, Dec. '06.) (a) the exit of the tubercle bacillus from a host; (b) its existence outside a host; (c) its entrance into a host. Its exit is through broken-down tissue, the excretions, and the secretions, the first being the most important. Attention is directed to an erroneous doctrine extant as to the ubiquity of the bacillus outside a host. In the open, exposed to rain and light it is viable for a very short period, but in closed places, rooms, houses, etc., and especially dark and illy ventilated enclosures. Houses are the real source of seed supply for new implantations.

The entrance of the bacillus into a host can be by the skin, the respiratory tract or the alimentary canal. It must be by way of the lymphatics, and the first two are long ways of reaching the system. The alimentary canal is the most logical mode of ingress, as it is in harmony with the laws of physics and physiology. It is a question yet under discussion as to which of these two parts of entry, (respiratory or alimentary) is the more frequent mode of ingress.

Children in a house where there is tuberculosis and no prophylactic measures instituted get an implantation of tubercle bacillus. It lies dormant perhaps for years and may or may not develop into tuberculosis according to the personal equation in resistance of depressing influences of various kinds. As to the tonsils and nasopharynx play an important role in the implantation of the bacillus in children these should receive special attention.

The following preventative measures are advised:

"If we wish to block the way of infection in tuberculosis, (1) we will have to control exit of the tubercle bacillus from hosts already infected. This means that every individual who has tuberculosis must be brought under observation and taught how to devitalize all tuberculous matter given off. (2) We must endeavor to sterilize all enclosures which have been infected with tuberculous matter, as well as those things which have been infected by reason of being within those enclosures or being used by persons who have tuberculosis. This is a herculean task, which cannot be accomplished immediately. Until it can be accomplished every effort should be made to have people ventilate their houses and to expose them as much as possible to fresh air and sunlight. (3) We must look after the children who are exposed to tuberculosis: (a) through contact with those who have the disease; (b) through living in enclosures in which the disease has existed; and (c) through infected food. Such children should be placed under better environments, be given food which is sterile from tubercle bacilli, and be kept well nourished. Special supervision should be given to their upper air-passages

and buccal cavities, and as far as possible these parts should be kept in a perfectly healthy condition.

A Sea Nurse.

A sea nurse career is opening for several hundreds of nurses. Two graduate nurses from a New York hospital have been placed on passenger steamships of the Hamburg-American line, says the New Orleans Medical and Surgical Journal, for December, 1906, and more will be needed. Other first-class steamboat lines will, no doubt, follow this example, and the trained nurse will become a recognized necessity of the first-class steamship, as the physician has. The opportunities of the trained nurse are increasing very rapidly.

Treatment of Asthma.

Prof. Rochester, of Buffalo, read a paper on this subject before the Section on Pharmacology of the American Medical Association, at its 1906 meeting. (Jour. A. M. A., Dec. 15, '06). The reflex theory of the etiology of asthma is reviewed and while admitting that there may be a reflex action the theory of asthma being a neurasthenia is condemned. The diagnosis should be exact, differentiating between it and dyspnea, and avoiding such terms as cardiac and renal asthma. The upper air passages must be examined and if needed surgical aid be given. Keep these in a clean healthy condition by frequent mild alkaline douches. The cause will generally be found in faulty metabolism, and auto intoxication, and the plan of treatment is simple. Attention to upper air passages, pulmonary gymnastics, make the skin active, hot air sweats, active bowels, an occasional bowel wash of saturated solu-

tion of boric acid in warm water, etc. The regulation of diet limited to amount of food compatible with maintenance of health. Exclude fried foods, pastry, sweets, rich puddings, highly seasoned and made dishes, tea, coffee, and all alcoholic and effervescent drinks.

Trained Women Nurses for the Navy.

According to the Army and Navy Journal, for December 1st, Surgeon General Presley M. Rixey, U. S. N., strongly renews his recommendation of last year that congress be requested to enact a law authorizing the employment of trained women nurses for the navy. The services of women nurses in the army have proved highly satisfactory. Surgeon General Rixey points out that in all modern wars the services of women nurses have proved invaluable for the care of the sick and wounded. In time of peace such nurses would secure for the sick at naval hospitals a better medical and surgical nursing service than is now obtained and be of great use in teaching and training the men of the hospital corps. In time of war they would be needed, in addition, for hospital ships and their presence in hospitals would release a large number of hospital corps men for duty on men of war. The recommendations of the surgeon general for the establishment of a corps of trained nurses in the navy has met with the approval of the navy department. Senate Bill No. 2207, of the fifty-ninth congress, first session, provided for the organization of such a corps, which could be readily expanded to meet extraordinary needs, but this bill unfortunately failed to receive the necessary legislation.—*N. Y. Medical Journal*.

Silver Salts in Gonococcic Conjunctivitis.

DeScheveinitz in a clinical lecture, (*Ther. Gaz.*, Jan., '07), condemns the use of the silver salts in the treatment of gonorrhoeal conjunctivitis. His remedy is the nitrate of silver, of which he has this to say:

"It acts as an astringent, a superficial caustic, a germicide, and an alterative, and continues to be, in my experience, the most satisfactory remedy in this disease, *provided it is properly applied*, as follows: The conjunctival sac is first thoroughly irrigated and all pus and lymph carefully washed away. Next, both lids are everted so as to obtain full exposure of the swollen tarsal conjunctiva. With a small cotton mop, which has been dipped into a freshly prepared two-per-cent (gr. x-f $\frac{5}{8}$ j) solution of nitrate of silver, the conjunctiva thus exposed is gently but thoroughly painted until a white film, due to the formation of chloride of silver and coagulated albumin, forms. With a physiologic salt solution the surface is next irrigated until every particle of the white film which has formed is washed away, and a clean red surface remains. The lids are then restored to their normal position and the sac once more irrigated. By this means all the nitrate of silver is neutralized, and all substances which might irritate or injure the cornea are removed. Finally, iced compresses are applied for five or ten minutes. It is usually not necessary to make this application more than once a day, and it should always be made either by the physician in charge or by a suitably trained nurse. The solution should never be dropped into the conjunctival sac, but painted over the surface of the mucous membrane, and must always be neutralized in the manner described."

Of the "newer salts of silver" he says:

"At the risk of repetition I would conclude by saying to you that in gonococcic conjunctivitis of adults neither protargol nor argyrol is a safe remedy when used by itself; that in so far as my own experience is concerned, protargol may as well be abandoned; that argyrol is useful because it is bland and unirritating and helps to remove the pus, but that it has no control over the specific nature of the disease; and that, thus far at least, there is no better remedy in our hands than properly applied solutions of nitrate of silver, which doubtless are more efficient than they were in the past because we have been able to use argyrol and similar compounds as adjuvants. Many cases of ophthalmia neonatorum are better treated with argyrol for the simple reason that it can do no harm; it acts as well as, and better than, most of the non-specific remedies. Nitrate of silver may do harm unless it is applied by a skilled hand, but its proper application is required in a certain percentage of our cases. At some future lecture I will take up the complications of this disease, particularly those cases in which either before treatment has begun, or in spite of treatment, there has been corneal involvement; and I will say now that to your treatment of the gonococcic conjunctivitis of adults atropine drops should be used in order to keep the pupil dilated from the very start and to lessen the tendency to hyperemia of the uveal tract. Internally, the patients should have opiates, if required, and supporting measures if they are depressed and anemic."

Never apply an elastic ligature about the arm without first interposing a towel. This may obviate subsequent paralysis.—*Am. Jour. of Surgery.*

Remedies in Pneumonia.

French praises the following five remedies in the treatment of the fever and heart in pneumonia, (*Med. World*, Jan., 1907), viz: Aconitin, veratrin, strichnin, arsenate, digitalis, Germanic, and nitroglycerine. The indications for the use of the two first are given thus:

"Aconitin and veratrin are the remedies for the fever, and each has its special indications. Aconitin is preferable in children, in delicate women, in the aged and debilitated, and in all cases showing a tendency to asthenia; its specific indication is the small and frequent pulse. Veratrin is the remedy in strong and vigorous adults, and in those cases and stages of the disease which present marked asthenic symptoms; the specific indication for its use is the rapid, full, and bounding pulse. Both of these drugs are of most value in the early stages, and neither of them should be given in cases or stages of the disease showing great lack of vitality and marked asthenia, except as guarded by one or the other of the tonic alkaloids, strychnin or digitalin. When the respiration is embarrassed and the pulse feeble and irregular, they should be omitted entirely. A special advantage to be derived from the use of veratrin in appropriate cases is found in its property of increasing the elimination of the waste of the system, including presumably the pneumotoxin itself."

These are best given in small doses 1-134 gr. often repeated—every fifteen minutes to one hour according to symptoms, and results desired. Strichnin is given as a nerve tonic, with special reference too to its action on the respiratory centers.

Digitalis is indicated when the heart beat is rapid and feeble pulse.

"In asthenic cases, after the use of

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the single remedy in the first stage, it is well to combine aconitin, veratrin, and digitalin in the doses named. In asthenic cases or stages, a better combination is aconitin with strychnin and digitalin. After the crisis, when the fever has passed away, and there remains a condition of depression, with danger of heart failure, omit the aconite entirely, giving the strychnin and digitalin only. Remember, the dose is not a definite quantity in a given time, but always the minimum dose as required to produce the desired effect."

Nitroglycerin is used only in emergencies. It is better than alcohol to relax the tense arterioles. The dose should be 1-250 grain repeated in ten minutes if necessary. Its action is almost immediate, as quick by mouth as by the hypodermic syringe. Give in a aqueous solution or allow patient to

chew up the granule if able to do so, and should not be continued beyond the emergency.

(A good plan in the administration of nitroglycerin is to rub the tablet on the gums, if the patient is unconscious or there is difficulty in deglutition.—Ed.)

Multiple Warts.

The following combination is recommended by the Medical Review of Reviews to aid in the removal of multiple warts:

R Chloralis hydratis,
Acidi acetici, of each f5iss.
Acidi salicylici,
Spts. etheris nitrosi, of each f5i.
Collodii, f5iv.

M. Sig: Apply to the warts twice daily.—*Jour. A. M. A.*

The Carolina Medical Journal

A Monthly Journal of Medicine and Surgery.

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No. 3

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EDITORIAL.

Medical Fees and Over Supply of Doctors.

These two questions come to the front in some shape ever and anon, and to a large class of our profession are of more or less interest. As every addition to the ranks of the profession, beyond the requirements of increase in population and retirement by death or otherwise of corps of workers, necessitates a division of the fees already in vogue, it easily follows that the two questions are mutually related. Two propositions will not be controverted! (1.) The fees received for medical services (generally) are not in proportion to study, labor and financial outlay involved; (2.) The supply of doctors annually graduated from our medical colleges is greater than the natural law of demand requires.

It is needless in this connection to assert that the law of the survival of the fittest must prevail; to use the old trite adages "room at the top," "merit wins" that have almost attained the dignity of maxims. There is no place

admitting their force in the general affairs of life, and even their potency when applied to the efforts of the newly graduated doctor, in the latter, they cannot be recognized as a universal law. The rank and file of the profession know that merit does not always win, and that the course of those reaching the topmost rungs of the ladder of professional success is not always because of merit.

It is a fact, (more is the pity, too), that the tendencies of the times are towards making the practice of medicine more of a trade than a profession. The growing commercialism makes the question of fees paramount to all other interests, or at least places the real study of medicine and progress in its advancement as a science on a plane of securing enough knowledge to earn the fees. It is not intended here to convey the idea that fees are not to be considered in the practice of medicine, but the physician who considers the fees first and performs services commensurate with the fee expected has missed

his vocation. He should carry brick and mortar and join the hod-carriers' union, or some similar trade, with its union.

The question might arise as to what are adequate fees for medical services. To this no direct answer can be given. Every section must of necessity be a law unto itself, and in arriving at any estimate there are so many factors to be considered that hard and fast rules can not be formulated. The fees received should give the physician an income equal, at least, to that of the best of his patrons. That this is not the case, common observation will demonstrate without any argument.

Fees are largely a matter of custom in a neighborhood or section. They can be lowered, but it is hard to make a change to a higher figure. The writer of this does a practice in a country town in which his father located for the practice of medicine sixty years ago. He found a certain scale of charges, and followed them through a long practice. Practically the same fees are in force now though over a score of physicians have worked in the field in the time, all of whom considered the fees inadequate, and not one of whom accumulated much more than a decent living. This, too, in a prosperous section, where most of the citizenship are doing well and many growing rich. This case can be paralleled all over the State and shows that there is something radically wrong.

The necessity for increased fees over those of a generation ago is evident and the justice of making a change in the present rate can easily be demonstrated. Among the reasons, without stopping to enlarge on them, can be mentioned, the increased cost of living generally, the longer term required

for graduation, and consequent extra expense, the larger capital required to fit up and maintain an office, the absolute necessity for a greater yearly expenditure for books and appliances, the desirability if not necessity for occasional post-graduate work, and lastly, and by no means the least, the progressive physician of to-day ought to be worth more to the patient, than he of a generation ago.

The American public can generally be trusted to execute right when convinced of the justice of a measure. Joel Chandler Harris in writing on another subject says (*Atlanta Constitution*, Jan. 26, '07): "a large majority of our people are blessed with common-sense in a larger measure than those of any other country on the globe." There is common sense in this proposition and if properly brought to the attention of the public, it will be duly appreciated.

The over-supply of physicians is a prominent factor both in the number of fees and the amount of the individual fee, and in any solution of the problem it must be reckoned with. The number of students matriculating with medical colleges for the year ending June 30, 1906, was 25,204, and of this number 5,364 graduated in medicine. (*Jour. A. M. A.*, Aug. 25, 1906). The number of matriculants is the smallest since 1900, and the number of graduates the smallest since 1902. This fact is gratifying, as it shows a healthier condition, and the measures tending to its production should be fostered. The rigid examinations by the various State licensing boards, the higher standard of entrance requirements, the longer terms of study, the increased requirements for graduation, and healthier tone generally of the profession on the subject all have their influence in

lessening the number of medical students.

It lies with the profession to remedy both these evils to a large extent by a straight forward course standing upon the platform of equity and justice, to the public as regards fees, and to the prospective medical student as regards the probabilities of success. On this last point an extract from an editorial in a recent issue of *The Medical Mirror*, (Dec. 1906), on Limiting the number of Medical Students offers a pertinent suggestion:

"However, individual members of the profession can aid in relieving the situation. Every young man who is considering medicine as a means of livelihood is within the sphere of influence of some physician. It is thus easy to reach the entire student body.

Now let us look over the material and pick out those young men who are not equipped for the practice, or who have not "been called," but have chosen medicine because it "looks easy." If you know a young man, who would make a good brakeman or barber, but who thinks medicine offers an easier way to make a living, dissuade him by all means. Medicine does not need him. But, if you know a young man who has the qualifications and aptitude essential to a successful medical career, encourage him and assist him in his laudable aim. At the same time assure him that it is a rough and rocky road he must travel and is not too late to turn back.

After graduation, if, through inclination or circumstances, over which he has no control, your young friend enters upon country practice, by all means lend him every aid and encouragement, for he, the country practitioner, is a blessing to humanity and deserves our highest admiration and respect."

Expert Medical Testimony.

Since the reception of Judge Allen's paper published last month we have discussed some of the features advocated by the author, and deem one or two suggestions made as of much importance, and worthy of further consideration. Judge Allen suggests that there ought to be a statute, or an amendment passed to some existing law, touching the question of selecting physicians to be used before the courts as medical experts. These physicians should be selected by the organized profession in certain defined districts, or one or more in each county, to be called by the court without reference to the parties in litigation. This he believes would go far towards meeting many of the problems now presented under the present plan of calling expert testimony.

In the January issue of the *Buffalo Medical Journal*, just received, Totman publishes his Presidential address before the Central N. Y. Medical Association, dealing with the question of Expert Medical Testimony, from which we make two or three pertinent extracts. In discussing what is to be done with medical expert testimony the following language is used:

"I say to you now that the conditions which surround the giving of expert testimony in our courts have become well nigh intolerable, considering the attitude of the public press, the insulting innuendos of graft, and the charge of open perjury committed by medical men on the witness stand; hence I affirm with emphasis that these conditions are not getting better, but have become intolerable."

The principal cause of the trouble in the estimation of the author of the address is given thus:

"First of all, I see no relief in try-

ing to reach a change in the method of a jury trial. Jury trials are to be had, and it will take centuries of education and evolution for a jury to ever comprehend such expert testimony as was given in this trial of which I have given you a little part, so I say, no matter how true or perfect the testimony which can be presented to a jury may be, the verdict will not be influenced one whit."

A synopsis is given of expert testimony relative to hysteria in a case on trial before the court and in his conception of the difficulties in making Judge and jury comprehend its significance can be readily agreed:

"The statement which I now offer, I make with diffidence and hesitation; it is that some facts which have come to my personal knowledge, convince me that even the learned judges are not always able to appreciate the bearings of expert medical evidence such as was given in this case. I do not mention this in the way of criticism nor in a captious spirit; I am only considering the subject in the line of facts. I hold this, that hysteria is a subject of such a nature that neither jurymen nor a judge, however learned he may be, is able to execute justice when such a subject is under consideration. The learned judge can have access to all medical libraries, he may read every treatise that was ever written, yet his knowledge is as nothing. The only man who can appreciate and execute judgment in a case where this disorder of so many different forms of expression is found, is a well educated and trained medical man, with at least fifteen or twenty years of study, observation, and management of hysteria; bedside treatment first, hospital treatment, home treatment, are all essential; therefore, the man to pass upon the value of

expert medical testimony must be a man who is able to understand such evidence in its entirety."

Totman's suggestions for a solution of the difficulties in the matter is in line with Judge Allen's suggestions noted above, and is as follows, "and that is to have the power given by legislation to the Appellate Courts in our State, to name a board of three members for each Appellate Division of properly qualified physicians, of at least fifteen or twenty years practice, to serve for a period of fourteen years, whose proper office and duty should be to consider all medico-legal cases, under the jurisdiction of the Appellate Court as advisors to the Court. The judges of each Appellate Court should be authorized to choose the men in their own district, as their acquaintance with the physicians will aid them in the selection of the men best fitted for this work."

The difference in the two suggestions is that Totman would give the power of naming the board of experts to the Judge of the district, while Judge Allen would place it in the hands of the profession. On this point in our discussion of the matter he was quite emphatic, claiming that the profession knew the standing of its members and the capability of each for a place upon such a board, and that as the profession as a whole was to a large extent interested in the question of expert testimony, it ought to say whom it will have to represent it. Both suggestions have strong points to recommend them, and either would be acceptable if it would remove the odium now attached to expert testimony before the courts.

The Dope Bill in the Legislature.

At this writing the indications are that the bill before the Legislature prohibiting the sale of poison drugs at soda fountains in the shape or under the guise of soft drinks will fail to pass. This is to be regretted for several reasons, chief among them being the tendency of such drinks to create dope habits that are paralleled only in the whiskey sot. The old fashioned soda water may not have been all that could be desired as a beverage, but its harmlessness in comparison with the drinks dispensed at fountains to-day commends its use as far preferable. The object in the preparation of the soft drinks is to disguise a stimulant in a popular and palatable form.

There is and can be but one result in the use of these drinks for any considerable time, and that is a craving for stimulants. It is specially dangerous to the young generation and the boy partaking of soft drinks to-day is on the road to the saloon as a man. The girl becomes the neurasthenic and morphine fiend in womanhood.

Granted that there is something refreshing and stimulating in one or more drinks that enables a man to continue through the day at his business. The very fact that his system demands a stimulant in order to keep going, should be a warning, and call a halt. When one can no longer continue work without stimulation, reason counsels a rest.

The Governor of the State is to be commended for the stand he takes upon the question as shown in the following extract from his message to the Legislature:

"See the thousands of cigarette fiends, the opium-eaters, the cocaine victims, the whiskey and beer drinkers,

the soda-fountain frequenters, and many others who are taking drugs, opiates, stimulants, and nerve-tonics, and you will see why our boys, and, alas! sometimes girls, are becoming nervous wrecks and moral degenerates. While seeking to build a reformatory to take care of our wayward youth, let us not neglect to take away the causes and curses that make such institutions necessary. Make the most stringent laws, well safeguarded, against selling drugs, such as cocaine, morphine, etc., except on the prescription of a practicing physician and add penalties and forfeiture of license to a physician or druggist aiding any one to violate this law."

It is to be deplored that many physicians and prominent men used their influence before the committee to defeat the bill, and the flipp and style of treating the measure by some of the newspapers is not in harmony with the high purpose of the press as exponents of all that is best for the public. Many newspapers supported the measure, and to them all honor be given. Among them the Industrial News speaks in no uncertain language

The Efficacy of Quinine in Malaria Questioned.

Medical writers and in fact the profession generally are in the habit of speaking of, and considering quinine in the treatment of malaria, as one of the few specifics in medical practice. Osler's dictum that if quinine does not cure a fever it is not malaria, has been accepted as true and acted upon often to the detriment of the patient. If the febrile condition does not yield to the exhibition of quinine administered in the accepted manner for the destruction of the plasmodic when in their

weakest condition, the diagnosis of malaria is wrong. This seems to be the generally accepted opinion, but is it correct?

Here and there among practitioners in malarial sections, this theory is questioned. Close observers note that quinine only checks the paroxysms for a while and relapses are frequent. In fact this is the rule, and unless some other remedial measures are instituted it becomes necessary to repeat the quinine from time to time over varying periods. It is claimed for the quinine that it will eventually make a cure, yet we know, too, that rest, good nutritious diet, and proper hygiene will make a cure without any active medication. All practitioners of much experience can recall instances where quinine alone, seems to have no influence upon malaria, especially is this so in some chronic forms.

We have long since ceased to regard quinine as a specific for malaria. This does not mean that we do not use quinine in the treatment of malaria. Its use is confined to the first stages of malaria to control the paroxysms, which it does admirably, afterwards iron, arsenic, iodine, nuxvomica and the bitter tonics generally, with proper hygiene and diet are more potent, and are better borne, with less systemic disturbance.

So long has the drug been considered a specific in malaria, and so firmly rooted is the opinion with the rank and file of the profession, this position will be deemed rank heresy. It is based on clinical experience, with very slight, if any reference, to laboratory findings of other observers. It is not intended here to discredit laboratory methods of studying diseases. Each

has its place and the better results can always be obtained by combining the two in our investigations.

Laboratory investigations confirm, in part, if not fully, the position here taken, and many of these are quoted by Jacobson in an article in the N. Y. Medical Journal, (Dec. 22, 1906). He quotes Sir Patric Mason as saying (Tropical Diseases, 1905), 'that quinine can be relied upon absolutely for the cure of clinical manifestations of malaria, but unfortunately it cannot be depended upon for eradicating the germ of the disease.' Jacobson claims that the paroxysms will not recur so long as the blood is kept saturated with quinine; the plasmodia are driven out of the blood only to return as soon as the quinine is withdrawn; hence at best it is only palliative. Many observers, Binz, Cutter, Jerusalemsky, Hare and others, have shown that quinine checks diapedesis and the emigration of the leucocytes, i. e., there is a paralysis of the leucocytes. The amoeboid movements are arrested by so small a portion as 1 to 20,000 (Hare). When the plasmodia, re-enter the blood having escaped cinchonism, they find their natural enemies, the leucocytes, enervated, paralyzed and in some measure destroyed, for there is a reduction of the leucocytes after the administration of quinine, and there is a return of the malarial paroxysms. Many observers have noted the occurrence of severe paroxysms with high temperatures, (104°) following the administration of quinine. Potter in his *Materi Medica* claims that the individual must be the subject of malaria; it will not produce the paroxysms in a healthy individual.

Stephens, Christopher and Culbreth speak of the chill and fever following

large doses of cinchona. Potter calls attention to the daily exacerbations of temperature in the long continued use of quinine. Robert Koch considers the use of quinine as a prophylactic as dangerous practice. Ringer claims that quinine makes paroxysms when he writes "quinine may check all the symptoms, even the periodical elevation of the temperature, and yet about the same time of day that the series of symptoms were wont to take place, an increase in the urea and urinary water may occur, just as during a severe paroxysm."

The occurrence of haematuria or hoemaglobinuria, in connection with malaria and the influence quinine has upon its production is a moot point. The haematuria has been ascribed to the irritating effects of quinine upon the passive congestion or mild diffuse nephritis, which often occur in malarial infection; according to Jacobson all the reported cases of haematuria took quinine before the paroxysms and haematuria occurred, but "the reporters seem to regard the paroxysms as incidental to rather than directly consequent upon the administration of the quinine, inevitable seizures, as it were, during which the quinine which has been taken, and which perhaps is still kept up, exerts its deliterious effects upon the congestion or nephritis, which is secondary to the malarial infection, the haematuria resulting therefrom."

Jacobson further believes the kidney damage which may follow artificially induced paroxysms, is apt to be of a higher grade than that following the usual kind, because of the crippled condition of leucocytes." "Quinine produces paralysis of the leucocytes, consequently the plasmodia has full sway

in its presence, and when coincident with renal irritation is the determining factor of haemoglobinuria."

Jacobson claims that there are enough data in the literature to substantiate the fact that the supposed efficacy of quinine is more apparent than real.

Personally we have never gone as far as Jacobson advises (see *sequi*) perhaps for the want of courage to do so. His summoning up is as follows:

"If these things be true, what are the practical conclusions?"

First, we would still have in quinine a valuable diagnostic aid; second, we should place our main reliance upon those remedies which, during the intervals which ensue between recurrences, have been shown to possess slow but sure curative properties, e. g., arsenic and splenic extract. The reinforcement, not the paralysis of the leucocytes should be sought, as by sea voyages, sunlight, open air life, exercise, nourishing food, sanitary homes, and, most important of all, sane prophylaxis (as regards the *anopheles*); during acute paroxysms symptomatic treatment of the chill, fever, and headache.

The absolute withholding of quinine during acute malarial attacks will expedite ultimate cure. Instead of the disease process being merely held in check, the plasmodia at bay—a result attained at the cost of leucocytic paralysis—Nature is given a chance to fight her enemies in the open, unsubjected to a galling cross-fire from her own alleged allies. It is about time that we found some means of delivering ammunition to the phagocytic soldiery other than by enfilading them in the vascular trenches."

Editorial Notes and Comments.

Country Surgeons.

Dr. B. A. Torrey in the Iowa Medical Journal, (Jan., '07), gives much good advice on the question of doing surgical work in the country, but it is only his bill of particulars as to qualifications that we extract here, many of them it is possible to learn, but others it is necessary to be born with:

"By a country surgeon I mean one who assumes to do surgery in a locality where an exclusive surgical practice would not be justified. To be a good surgeon, not simply a cutter, one must be a mechanic in the broad sense of the word, so that he can make, or instruct how to make, anything not at hand. He must be ingenious so that he can extemporize and accomplish the same results without following the old tried ways. He must be able to make a splint out of a barrel stave, a syringe from an elder stalk, or an intubation tube from a cigar holder or a pipe stem, with a pocket knife. He must be a man of a good judgment, have a cool head and a steady hand, under all circumstances, and not like the amateur surgeon, when the external jugular was severed in the removal of a tumor, threw up both hands and cried, "My God, Doc, what shall we do?" He must be resourceful, quick to act in emergencies. A case of Caesarean section, when the uterus failed to contract under the usual stimulants, the operator cut through the lower segment of the uterine walls and whip-stitched them to cut edges of the abdominal wound, with good results. He must be brave, conscientious, conservative, and not cut for reputation, grandstand plays, experience, or for a fee. I once heard a would-be surgeon say that he believed

the crippled and the degenerate were for experimental purposes. Like those at sixty with Osler chloroforming, and the invalids of Dr. Gregory's bill, I believe they would object to the classification and the untimely ending. He should know the important parts of anatomy. Although it is said that good qualities, the country surgeon must be a general practitioner, a good diagnostician; for he seldom has the time or opportunity to consult the laboratory or the X-Ray, the two modern arms of the diagnostician. In writing this paper on the country surgeon, I have tried the old shot gun prescription of advice, experience and consolation, in hopes they will profit by the good, if any, and cut out when they know a better way."

When to Talk.

The following culled from the Editorial Comments of the *Courier of Medicine* treats of a subject that has troubled more than one of us. If we only had the power of discerning at a moments notice the various phases of human nature and adopting ourselves to them on the instant, how much better we could meet the various problems that so often perplex us. To know how and with whom to shake hands, and to ask after the health "just so," to be very solicitious with Mrs. A., and rather brusque with Mrs. B., and bright and cheerful with Miss C., is an art we can't all learn to perfection, and so perhaps it is as well for us to be our own selves with no artificiality. But here follows the culling:

"PATIENTS AND PROGNOSIS.

"To talk or not to talk, that is the

question. Whether it is expedient to worry in silence or to relate your troubles to the patient or his family is a troublesome question. What right has the physician to relate all his fears to the patient's family? He is employed to take away cares and worries, and the friend of mankind should bury idle fears. It is really remarkable what difference there is in physicians in their attitude to the family. Some invariably express fears and doubts. The patient is on the verge of typhoid, he has a touch of pneumonia, there is danger of diphtheria; or the heart is weak, the pulse is rapid, the fever is high, etc. Others are hopeful in the extreme. A pneumonia is only a cold, even diphtheria is a tonsillitis, every appendicitis is only an attack of indigestion. Then there are others who are always silent. Patients even complain that they never know anything. Yet all these types of physicians seem to succeed and fill some corner in the practical world. We can, therefore, in no way dictate what to tell the patient. It depends on the physician and the patient. There is a difference in the way of telling it. To tell the patient that he is in grave danger may make him angry at the presumption of the physician. This is the most common result. Some take it as an insult that the practitioner should dare to tell them that they are victims of Bright's disease or tuberculosis."

Fee Bills.

The following is an editorial comment of a paper on A County Fee Bill, (Medical Mirror), that has our hearty endorsement:

"A combination of doctors, the sole purpose of which organization is the raising of fees, savors too much of trades unionism to meet with the hearty

approval of the profession. If the scale of fees in a given locality is low, a good man can go in and, by charging fair fees, irrespective of the customary charges of other men, get a good share of practice. Just as Dr. Dawson says, if your services are worth more than your neighbor's, people will choose you. The fee question will not be the determining factor in your selection. Always exact a fair fee, one that will compensate you for your services and, at the same time, not so excessive as to cripple financially the patron. But let's not descend to the methods of the plumbers' or other artisan's unions. Medicine is above this. But county organizations for the purpose of destroying that leech, the dead-beat, meet with our hearty approval. If, by combining, you can force the dead-beat to pay, you will add largely to individual incomes and can better afford to do the charity work that some one must do. We have known of many organizations whose object was to drive out the professional dead-beat, but we have yet to hear of one that was successful in its purpose. Some selfish man always impaired the efficiency of the organization by sneaking around and offering to serve those who were listed as belonging to that meanest class on earth—dead-beats."

Balaam in the City of Jerusalem.

Dr. Albright in an editorial in his Journal (Albright's Office Practitioner) for December, gets his Biblical quotations or facts slightly mixed when he wishes to allude to some one as an ass, in claiming that this historic animal carried Balaam through the streets of Jerusalem. Get your Bible, brother, and read up on the few special occasions when this animal figured in Biblical history.

Medicine in Its Relation to the General Sciences.

The importance of medicine and its progress in comparison with the sciences has been a subject of comment frequently in recent years, and President Welch, in his address before the American Association for the advancement of science, Dec. 27, '06, has this to say of it:

"Medicine stands in a very much more important place than ever before, and the cultivators of the various phases of sciences allied to medicine are coming to take a newer and higher rank.

"Through the efforts of medicine and through the department of these allied sciences, the power over disease has vastly increased in the last quarter century. It has largely come about by the scientific development in the study of causation in reference to infection of disease.

"It is important, excessively important, I may say that infectious diseases be restrained. Unless they are restrained and the means are at hand to control them, such efforts as the building of the Panama canal, the exploitation of tropical countries, and even life in our large cities would be impossible."

Dr. Moyer's Valedictory.

As announced in our last issue, Medicine, published by E. G. Swift, (Parke, Davis & Co.) under the editorship of Dr. Harold N. Moyer ceases to exist as an independent publication with the December issue. Dr. Moyer in his valedictory reviews his connection with the Journal for the twelve years of its existence, giving his reasons for want of editorial supervision of the advertising pages, (a subject much discussed in some quarters) and his regret in re-

tiring from the editorial field. He claims hearty sympathy with the sentiment of the American Medical Editors' Association, who claims that once a medical editor, always a medical editor, and looks forward to this *ex officio* connection with the craft with great pleasure. His statement that controversial subjects and mere personalities have been avoided in his editorials is true, and is to be commended. We must heartily pay the tribute of endorsement to the general high character of Dr. Moyer's editorials and regret his retirement from active editorial work.

Change of Ownership.

With the January issue the St. Louis Courier of Medicine changes hands, J. H. Chambers, after publishing it for thirty years, selling all his rights and interests to the Courier of Medicine Association. This association, so reads the announcement, is composed of St. Louis' physicians, young, capable and energetic.

The editorial management will remain in the hands of Dr. Zahosky, with a full corps of enthusiastic works.

We wish the new association success in its venture.

There are some persons who do not seem capable of obeying the injunction to let their muscles "go loose" during a physical examination. To avoid the difficulty in an attempt to elicit the patellar reflex, Dr. W. Guttman (*Fort-schritte der Medicin*, 1906, No. 29; *Berliner klinische Wochenschrift*, Sept. 17th) advises suspending the limb by means of two towels, one above the knee and the other below it, the upper towel so arranged as to make slight traction toward the trunk.—*New York Medical Journal*.

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SURGICAL SUGGESTIONS.

A history of attacks with symptoms of esophageal stricture and intervening periods of well-being is suggestive of cardiospasm.

It is a wise rule to submit all removed hypertrophied prostates to thorough examination by a pathologist. Carcinomatous degeneration may be found in some spot.

Fractures of the neck of the femur in old people sometimes cause no other symptoms than disability. The mildness of the trauma and the freedom from much pain should not deceive one.

In amputations below the knee, insist on active and passive motion in the knee joint at an early date. If this is not done contracture ensues, which makes the application of an artificial limb difficult.

In compound fractures involving loss of continuity do not needlessly remove any piece of bone that has even the smallest attachment. It is surprising how often such pieces heal into the wound and thereby help to save loss of substance.

If a bubo shows no sign of disappearing under wet dressings, ice bags, etc., and evidences of suppuration are developing, it is better to make a clean dissection and excise the gland without opening it than to incise and drain.

Carcinoma of the prostate often does not recur for some time; meanwhile the patient may look surprisingly well. This should not beguile the surgeon into a too hopeful prognosis.

In "Ludwig's angina," the cardinal principle in the treatment is extensive incision. An incision that passes no matter how deep into the substance of the submaxillary gland proper, will prove of little avail unless the tissues

within the wound have been broken up until they are practically pulpy.

In the presence of a hard, diffuse chronic swelling in the neck having some of the appearances of a malignant growth, the possibility that the tumor is a so-called "woody phlegmon of Reclus" must be considered.

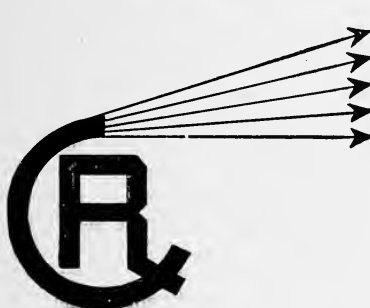
In cases of renal colic do not make too positive a pre-operative diagnosis of calculus, no matter how typical the symptoms may be. It has happened very often at the time of operation that no stone is found. Fortunately, these cases are nearly always cured by the exploratory nephrotomy.

Amputation of a finger gangrenous as the result of carbolic acid application should not be performed until the line of demarkation is well established. The necrosis may be superficial and in such an instance the finger may be saved by means of skin graft.

In the treatment of hand and finger infections, it is very important to release from bandaging as much and as many of the fingers as possible, and as soon as possible. The habit of bandaging up immovably all the fingers, in the treatment of a lesion of some of them, saves the surgeon time but, except in short cases, it often cripples the hand by stiffening the fingers.

The radiograph of the elbow of a child shows shadows of numerous epiphyses. One inexperienced with x-ray plates is very apt to mistake one or more of these for fractures. When examining the skiagraph of a child's elbow suspected of fracture or dislocation, it is therefore, important to have the normal picture in mind, or better yet in hand, for comparison.

—*American Journal of Surgery.*



What Follows R

in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.

On account of its remarkably high percentage of oil and the quickness and thoroughness of its digestion and absorption, larger quantities of oil can be assimilated within a given time in the form of Hydrolcine than in any other way. Hence, results follow promptly. Write for sample and literature. Sold by all druggists.

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NEWER MATERIA MEDICA.

Anaemia--From Depraved Conditions of General Nutrition.

By Richard Ray, M. D., Ph. D., Kansas City, Mo.

The nutrition of the body, by which we understand the maintenance of its parts, in a fit state to perform their functions, depends upon two main factors—the supply of suitable food, and the assimilation of the same. When either of these factors are disturbed, disorders of nutrition result.

If the food be inadequate or unsuitable, other things being normal, general atrophy will be the consequence, and the same results will evidently follow if the organs of assimilation be at fault. The result of a deficiency of food, or of faulty assimilation, is a general state of malnutrition, in which any hereditary tendencies that may exist, have a more favorable field for development.

There is a gradual diminution in the weight of the body, and an imperfect performance of its functions, as is indicated by muscular weakness, mental lassitude, etc., and as the quantity and quality of the blood supply depends largely upon the digestion and assimilation of proper and nourishing foods, we can readily understand why Anaemia is so closely associated with almost all cases of disorders of nutrition, for one of the chief causes of Anaemia is that the supply of blood to the body is insufficient, and except in haemorrhage, this insufficiency is most generally the results of derangements of alimentation.

The majority of cases of Anaemia that are regarded and treated as such, fall into the class to which the name of Idiopathic has been applied. In such cases the Anaemic condition is due, not

to any disease, so called, but to disturbances of nutrition generally; that is, of a healthy relation between the demands of the system and the supply of nutrient material, and the proper assimilation of the same.

This condition occurs most frequently in children, and young women at the period of bodily growth, and of the development and early activity of the sexual functions, and when, as is so frequently the case, the air, light, food, occupation and moral relations of the individual are more or less unhealthy.

Where the etiology of Anaemia is not complex, and where it is classed as idiopathic, as in the growing child, the youth, the girl at puberty, or in cases of depraved condition of general nutrition which are not symptomatic of some more grave conditions, such as Bright's disease, Phthisis, etc., the rational treatment suggests itself: To bring the Alimentary tract and organs of sanguification into a healthy state, and then proceed to build up the general system and increase the blood supply.

Dyspepsia and constipation require immediate attention. The food must be carefully selected, so that it shall not only supply the albuminous elements that are especially deficient in the blood, but be retained and absorbed, and must therefore be nourishing and digestible.

The patient must also be placed upon nutritive, reconstructive treatment, and in cases of this kind I find nothing that gives me better results than Cod Liver Oil, more especially when it is combined with the hypophosphites of

lime and soda. While these dietetic and medicinal measures are being carried out, it is impossible to insist too strongly upon bodily and mental hygiene. Above all, time is an essential element in the cure, and rest is scarcely less so. The following case histories may prove of some interest, as they show the results attained by me in the treatment of several cases, along the lines mentioned above.

Case No. 1. Male. Broker. Age 42. Scrofulous diathesis, stated that for a number of years he had been troubled with impaired digestion, poor appetite with occasional attacks of vomiting and vertigo.

Upon examination, I found an irritable heart, with soft systolic murmurs. Extreme pallor, with gums, tongue, ears and conjunctiva pale. Had been taking some preparation of Iron, but seemed to derive little, if any benefit from it.

I gave a brisk purgative dose of calomel, to be followed the next morning by a dose of effervescent phosphate of sodium, and outlined an easily assimilated, blood producing diet. Instructed him to be in the fresh air and sunlight as much as possible, but not to exercise enough to induce fatigue. I prescribed Cord. Ext. Ol. Morrhuæ. Comp. (Hagee) maximum dose four times daily, for its nutritive, reconstructive effect.

This treatment without any other medication whatever, except an occasional laxative, was continued about three months, and the result was a complete recovery. All the distressing symptoms disappeared, and the patient regained his normal health, strength and energy, with a gain in weight of 18 pounds during the three months of treatment.

Case No. 2. Miss A. H. 16 years old. Sewing machine operator in a "Sweat shop" where the air was foul, no sunlight, and all the surroundings unsanitary. Had been employed at same place for two years constantly. Was very pale and Anæmic. No appetite and bowels always constipated. Had never menstruated, and had the appearance of an overgrown, undeveloped girl of 14.

I induced her to give up her position, and secured her a place as child's nurse, where she could have plenty of fresh air, sunshine, and what was of equal importance, an abundance of nourishing food. I started the treatment with a strong purgative, to clear the alimentary tract, followed by Cord. Ext. Ol. Morrhuæ Comp. (Hagee), four times daily, with instructions regarding constipation and indigestion, should she be troubled with either.

She continued taking the Cordial of Cod Liver Oil for about four months, during which time she began to menstruate, her body developed and rounded out, her color became good, and she was soon as fine a specimen of healthy, well developed young womanhood, as one would wish to see.

Case No. 3. Male. Aged 39. Farmer. This case cannot be classed as an idiopathic case, but I wish to mention it here, as it is one that I think is of special interest. The patient had been troubled for some time with a pain in the "pit of the stomach," which was always increased by taking food. This pain, of a burning, gnawing character was often felt in the back also. He was very much emaciated, and stated that he had suffered from two attacks of vomiting of blood of a bright red color. A typical case of gastric ulcer.

I prescribed Bis. Sub. Nit. grs. xxx three times daily, and ordered a strictly liquid diet of milk, beef tea, etc., with complete rest. Also prescribed Cord. Ext. Ol. Morrhuæ, Comp. (Hagee) four times daily. It was about six months before I allowed the patient to take any solid food, depending upon the Cod Liver Oil preparation, principally for nutrition and reconstruction, and during the six months the patient gained 22 lbs in weight, and eventually made a good recovery and is to-day enjoying excellent health, without having had recourse to any other medication than the Bismuth and Cordial of the Extract of Cod Liver Oil.

Increase of Blood Through Coca.

S. A. W., Guthrie, Okla.—What application has the action of Coca in raising the blood pressure to the treatment of circulatory troubles?

The blood pressure is chiefly raised by the increase of force, or rate, of the heart beat, or by a decrease of the width of the small blood vessels, or from both causes, which may commonly be present in a condition of disease. Coca acts directly on the muscle of the heart to strengthen it, and also on the muscles of the arteriole walls, narrowing them for the blood stream. In addition to these actions on the muscular system, it acts on the nervous mechanism of the circulation centrally, directly and reflexly through the sensory nerves.

In anemia, where the blood pressure is low and the ventricular contractions rapid because they have little resistance to overcome, there is a short, quick apex beat. Increase the blood pressure by Coca—employing the Mariani or Vin Mariani as may be indicated—and this condition will materially change,

as shown by improvement in the pulse and in the heart sounds. Meantime the general nutrition is brought up to a point which will clinch the progress that has been made and your patient will be greatly benefited.

Another advantage of Coca in circulatory troubles has been pointed out by Dr. Alexander Haig, of London, who has explained that waste products in the blood stream interfere with a proper metabolism, and this contamination may be quickly driven out with Coca, thus making the world look brighter: "When the blood stream is free the pulse tension is reduced, the rate is quickened, and the increased flow alters the mental condition as if by magic."—*The Coca Leaf*, Nov., 1905.

This Pocket Case Free.

Dr. R. E. Mason, of Charlotte, N. C., in an able paper in the Journal of the South Carolina Medical Association, entitled, "A Plea for a Simpler Materia Medica and More Rational Medication," makes the following strong, clear statement:

"I believe that the use of the active principles is one of the greatest advances in medicine in recent years because it is teaching men to think of the physiological action of drugs, to study the condition of the patient, and apply the drug that is indicated in doses sufficient to produce the desired effect, instead of using complex prescriptions whose physiological action they can only guess."

Doctor, if you want to know more about the advantages of the active principles send your name and address with ten cents, (to cover the cost of mailing), to the Abbott Alkaloidal Company, Chicago, and they will send you free this six-vial pocket case filled with

representative single active-principles along with other samples and their complete price-list.



Make it twenty cents, in stamps, and they will include a copy of Dr. Abbott's Alkaloidal Digest, a 300 page crystallization of the essentials of active-principle therapy with clinical applications. This is indeed a very generous offer. It is made, to be accepted once only, to every physician who will mention this journal. We suggest that you write at once.

A Sterile Eye Bath.

An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company. That this little device will be well received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water. The surgical bag in the future will hardly be complete without one of these cups, which will give happy results in many an emergency. It will be found invaluable for treating Ophthalmia, Conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

Direction.—Drop into the eye bath ten to thirty drops of Glyco-Thymoline, fill with warm water; holding the head forward, place the filled eye bath over the eye, then open and close the eye

frequently in the Glyco-Thymoline solution.

No pain or discomfort follows the use of Glyco-Thymoline. It is soothing, non irritating, and reduces inflammation rapidly.

Cutaneous Absorption of Betul-Ol.

(*American Jour. Clin. Medicine.*)

Betul-ol is more quickly absorbed and is not more expensive than wintergreen oil, besides relieving pain in rheumatism almost as soon as applied; it is even unnecessary to apply it to the painful part, where there is great tenderness, since in passing into the circulating media of the body, it is transformed into sodium salicylate and thus comes in contact with any inflammatory tissues through the circulation. It gives relief also in much smaller doses than is required when we administer the salicylates through the gastro-intestinal tract, since each part taken up through the skin is converted into an equal amount of sodium salicylate without being affected by or disturbing the digestive processes of the economy.—Dr. EDMUND GROS, Paris

It is useful in local affections such as tonsillitis, myalgia, etc., and has been recently applied in pruritus, prurigo and lichen simple, and is applicable wherever we look for local anti-rheumatic results.—*International Therapeutics*, March, 1906.

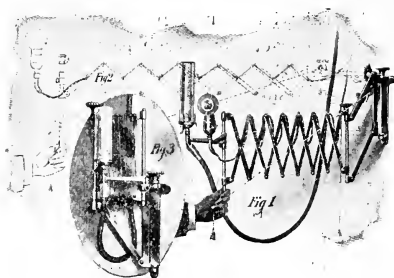
Methyl Salicylate as a Local Application.—Dr. Edmund Rottenbiller (Australia-Hungary) reports in *Klin. Therap. Wochens.* on the use of this agent in 122 cases of acute rheumatism. He made use of the natural oil of the wintergreen, and none of the disagreeable symptoms which usually follow the administration of the salicylates

were noted. It is said to be useful in the treatment of orchitis.

The synthetical oil of wintergreen is a favorite in this country in rheumatic affections, but more frequently betul-ol derived from natural wintergreen or sweet birch, is preferred to the artificial salicylate, because it is non-irritating, analgesic and very rapidly absorbed by the skin.—*International Therapeutics*, Oct., 1906.

A substantial and convenient Extension Light-Bracket, here illustrated, has been produced by the Allison Company, which meets a long felt need of the medical practitioners.

The adjustable frame work is made of malleable iron, while the lazy-tongs or the extension is made of flat steel joined with special shouldered rivets.



The bracket is handsomely finished in oxidized copper. It can be extended 6-12 feet, being held in a straight line at any angle from the wall, by hand wheels. It is adjusted by simply drawing the light back and forth to desired position. The adjustment up and down is made by a small ratchet, the latch being held in position by the weight of its own gravity. A cord fastened to the latch passing through a ring attached to the connecting post, enables the operator, with one hand, to release

the ratchet and adjust the lamp up and down at will.

It may be raised or lowered eight inches above or below point of fastening, and the arm to which the globe is fastened has a further adjustment of 6 inches, making a total adjustment of 22 inches. It may be swung sideways at two joints and fastened securely, so there is practically no limit to the range of adjustment. When not in use, the apparatus may be folded compactly against the wall.

If desired, a Stereoptican lamp is supplied on the bracket, which has a cylindrical spiral filament, with frosted globe, and clear bulls eye on one side about an inch in diameter. With the Converse swivel socket attachment, the lamp may be revolved in either direction and the light from the bulls eye concentrated at the point desired.

This is one of the most important of the Allison specialties; and has been welcomed with enthusiasm by both the specialist and general practitioner. Write to W. D. Allison Company, 830 N. Alabama St., Indianapolis, for further information.

Our Confidential Friends.

We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stages of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend. It is here also that the compound coal-tar products step in to claim their share in the domain of therapy. Among the latter, perhaps, none has met with so grateful a reception as "Antikamnia and Codeine Tab-

lets," and justly so. Given a frontal, temporal, vertical or occipital neuralgia, they will almost invariably arrest the head-pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhoea; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.

Cereus Grandiflora.

Cereus Grandiflora has been in general use for many years and is undoubtedly a heart tonic stimulant of importance. Its best preparation, *Cactina Pillets*, has been successfully used by all schools of the medical profession for fifteen years.

Cactina Pillets regulates the heart and quiets nervous irritability. It is used when the heart is weak during convalescence and in the debilitated heart of old age. It is a reliable agent where the heart muscle is enfeebled and where there is progressive valvular inefficiency, with irregular or intermittent pulse. It is also indicated in mitral or aortic regurgitation on account of its power to shorten the diastolic period but is contra-indicated in mitral stenosis, where digitalis is to be preferred to prolong diastole.

Cactina Pillets is a true nerve tonic

and restorative. It improves the nutrition of the brain by improving the circulation in that organ. In the cardiac weakness following severe prostrating diseases, such as pneumonia and typhoid it is a most trustworthy and safe cardiac tonic.

An Efficient Means of Relieving Pain.

The pain which accompanies the intestinal diseases resulting from grippe colds is often severe and requires the use of an effective anodyne. *Papine* is peculiarly adapted to such needs as it represents all of the pain relieving properties of opium without its narcotic and nauseaing effects. It is apparent that such a remedy has a wide range of usefulness, and that *Papine* is well appreciated by the medical profession is shown by the place it has occupied in the medical armamentarium for so many years.—*International Journal of Surgery*.

I have had good results with the alkaloids. Yesterday I had an opportunity to test your methods of hypodermic anesthesia. A woman had the end of her finger torn from the second joint, badly lacerated the muscle above, which required my taking off a piece of the bone. I injected one tablet and in due time, with but four or five drops of chloroform, she was asleep and the necessary operation was performed without the slightest pain.—M. H. WESTBROOK, Olmsted Falls, Ohio.

As the colder weather approaches certain diseases and remedies will be more on the mind of the profession. Among the remedies will be cod liver oil. Hagee's cordial of the extract of cod liver oil compound, is not only one of the most popular cod liver oil prepa-

rations on the market, but one of the very best, if not, indeed, the best itself. All the nutritive properties of the oil are retained and the disgusting and nauseating elements are eliminated. Combined with hypophosphites of lime and soda it offers to the profession a reconstructive of great value. The writer has for some years prescribed it freely, and with great satisfaction.—*Massachusetts Medical Journal*.

Fourteen Cases of Pneumonia—One Death.

(*American Jour. Clin. Medicine.*)

I could not now think of treating pneumonia without the alkaloids. In the last three years I have treated fourteen cases of pneumonia, almost all ages, from infants up to eighty-four

years; with one death. Was it the old one? Not any. It was a babe eleven months old, neglected by the mother, who was, I can say, a dirty slouch, not caring for the child.—J. C. DREHER, Kalamazoo, Mich.

Peacock's Bromides.

Peacock's Bromides is made to meet every possible and exact requirement of the bromides. It is a combination of the five bromides of the alkaloids and alkaline earths, Potassium, Sodium, Calcium, Ammonium and Lithium. The salts employed in its manufacture are made especially for Peacock's Bromides and are purer and better than the commercial salts. The preparation will give the best possible bromide results with the least danger of bromism and gastric disturbances.

BOOK REVIEWS.

TUTTLE ON DISEASES OF CHILDREN. A Pocket Text-Book of Diseases of Children. By George M. Tuttle, M. D., attending Physician to St. Luke's Hospital, the Martha Parsons Hospital for Children and Bethesda Foundling Asylum, St. Louis, Mo. New (2d) edition, thoroughly revised. In one 12mo volume of 392 pages, with 5 plates. Cloth, \$1.50 net; flexible leather, \$2 net. Lea's Series of Pocket Text-Books, edited by Bern. B. Gallaudet, M. D. Lea Brothers & Co., Philadelphia and New York, '07.

This is the second of Tuttle's Manual of Diseases of Children is as was the first edition concise and practical," dealing more largely with the physiology infancy and with artificial feeding than with the pathological states found in childhood. It is one of the best books we have seen for beginners in

Pediatrics and gives in a clear tone the essential and elementary principles. In the revision a few entirely new subjects have been introduced, and the rest of the text is fully abreast the advanced knowledge of this subject. The print, binding, paper are as attractive as the subject matter is accurate and meitorious.

THE PHYSICIAN'S VISITING LIST for 1907. Fifty-sixth year of its publication. The dose-table herein has been revised in accordance with the new U. S. Pharmacopœia (1900). Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. Sold by all Booksellers and Druggists.

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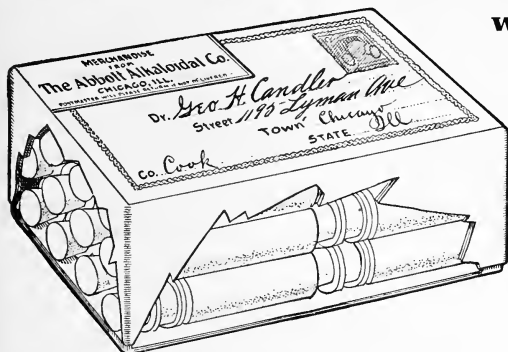
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PROGRESSIVE MEDICINE, Vol. IV., December, 1906. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in Jefferson Medical College of Philadelphia. Octavo, 349 pages, with 29 engravings. Per annum, in four cloth-bound volumes, \$9; in paper binding, \$6, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The December issue of this quarterly digest completes the series for 1906. We can safely say that this is the choice number of the year and that the Editors, Contributors and Publishers deserve thanks and continued support from the profession. In all of the numbers of this publication special stress is laid on practical diagnosis and the best methods of treatment. In the present number we would commend especially, the article on Diseases of the Digestive Tract and Allied Organs by Dr. J. Dutton Steele. Dr. William T. Belfield in an able way reviews the subject of Genito-Urinary Diseases, this writer carefully discusses Tuberculosis of these organs, also the Drainage of the Seminal Duct and Vesicle, Bactericidal Effects of the Silver Salts, Operative Procedure for Prostatic Hypertrophy, and methods of cure of Hydrocele. John

Rose Bradford in dealing with Diseases of the Kidneys discusses Function-Albuminuria and submits that many of these cases are subjected to far too rigorous diet. He considers also retention of Chlorides in Nephritis and the general treatment of Nephritis. There is much that is new and practical in the sections by Dr. Joseph C. Bloodgood on Fractures, Dislocations and Amputations; he considers in an able way the healing of Fractures, problems presented by Fractures of the lower end of the Humerus, Metacarpal Fractures, Osteomyelitis, Paget's Disease, and bone tumors, while Bier's treatment with Hyperemia is detailed at some length. His conclusions in reference to Tuberculosis of the bones and joints are: "I believe, that if these patients come to treatment during the early stage, that open air combined with Bier's hyperemia and proper orthopedic apparatus, will accomplish an ultimate cure in an increasing proportion of cases, and operations will be performed less frequently."

Dr. H. R. M. Landis contributes to the Therapeutic Referendum over sixty pages, besides the many important facts in reference to recent therapeutics and materia medica he discusses in a very timely way, cases of poisoning by "Headache Powders," also the dangers of too long continued use of adrenalin; this entire article is very valuable.

TRANSACTIONS of the Third Annual Conference of State and Territorial Health Officers with the United States Public Health and Marine-Hospital Service for 1905-6. Washington: Government Printing Office. 1906.

Books received.

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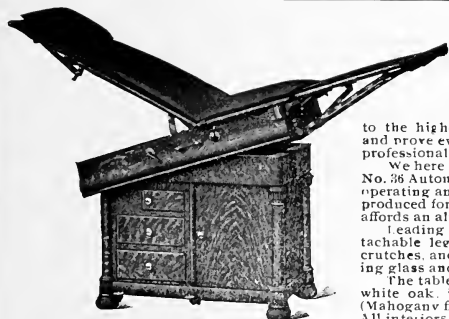
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A PRACTICAL TREATISE ON MATERIA Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of American Medical Association and the British Medical Association; Fellow of the Medical Society of London, etc. Sixth Edition, Thoroughly Revised. (In Conformity with Latest Revised U. S. Pharmacopœia, 1905.) Royal Octavo, 1244 pages. Extra Cloth. Price, \$5 net. Full Sheep. Price, \$6 net. F. A. Davis Co., Publishers, 1914-16 Cherry St. Philadelphia, Pa.

The preceding large fifth edition fortunately at a time which permitted the changes in the revised U. S. Pharmacopœia to be incorporated in this the sixth edition of work valuable alike to students and general practitioners, the recent Pharmacopœial changes have necessitated additions and alterations on almost every page. Among the notable changes from the last edition are: Part I is entirely added, having been taken from the limited Students Edition, thoroughly revised, and completed by adding a comparative table, giving the changes in strength of preparations and relative dosage, in the present Pharmacopœia and the one which preceded it. Special chapters have been added on the newer therapeutic agents such as Roentgen-Ray, Finsen Light, Serum-Therapy, Vibro-therapy, Hydrotherapy, A Nimal Extracts, etc.

This work will in the future as it has done in the past add much to the pro-

gress of rational therapeutics in this country.

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What Is Rheumatism?

Dr. Woods Hutchinson, of Arrowhead Hot Springs, divides rheumatism into three classes: (1) The acute febrile attacks, with swollen joints, acid sweats, and cardiac complications; (2) rheumatoid arthritis and its varieties; (3) the so-called chronic rheumatism, characterized by persistent recurrences, with little or no rise of temperature, little or no swelling of the joints, and lameness out of proportion to the articular changes. Although the essayist admits the infectious nature of acute articular rheumatism and the possibility of a similar influence in the produc-

tion of some of the other forms, he thinks, that the brunt of attack falls upon the peripheral nervous system. Chronic rheumatism, muscular rheumatism, lumbago and myalgia he regards as forms of peripheral neuritis, and such attacks are usually preceded by some acute infection, more particularly by influenza, tonsillitis, diphtheria, summer dysentery, or whooping-cough. Arthritis deformans, the so-called rheumatic gout, he considers as unquestionably a neurotrophic disorder, probably of infectious origin. Whether specific in character or not has not been determined. Acute articular

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rheumatism he believes to be a toxic peripheral neuritis, the changes in the joints being secondary. The disease is undoubtedly infectious, but he does not think that the specific nature of the infection has been proved. Diet is not of much importance in his estimation. The food should be of such character as to keep the patient in good condition, and this varied with different persons. The diet must therefore be an individual one. The elimination of toxic matter must be taken into account. The rheumatic patient is a neurotic individual, and he is therefore peculiarly affected by food. Some can eat meat, lobsters, almost any kind of food, while others must be more abstemious, but not on account of peculiarities belonging to the infection.—*Proceedings*

Medical Society of the State of California.

The External Use of Alcohol in Inflammations.

Raphael (Therapeutische Monatshefte, Heft 9, 1906) saturates pledgets of cotton with 90-95% alcohol, puts them in position and covers with an impermeable covering, as rubber protective, etc., and allows to remain so long as the cotton is moist. When dry he lifts the rubber and pours on more alcohol. In this way he treated eight cases of appendicitis with one death and seven recoveries; duration of treatment two to six weeks. If the skin became inflamed or there were vesicles, the compresses were removed, the surface dusted with bismuth salicylate,

and a few days later the compresses were renewed. One case of tuberculosis of the mesenteric and pelvic glands was so treated for three months, and the suppurating glands discharged through the intestinal canal. One case of suppurative parametritis following abortion was thus treated, and R. believes that this localized the suppurative process and prepared the way for operation, which revealed that the abscess walls were covered with granulations. A mastitis (suppurating) was healed promptly, and cases of tendovaginitis, phlegmon, panaritium, etc., were cured promptly. If they were incised the wound was packed with iodoform gauze and the compresses continued. Cervical and submental scrofulous glands diminished in size under the compresses. Alcohol in fresh wounds causes pain, but it doesn't last long. Herpes zoster and erysipelas were promptly cured. In cases of retention of bits of placenta and in puerperal fever the uterus was irrigated with alcohol (40-50%), 300 cc., alcohol tampons in vagina and compresses on abdomen.—*Denver Medical Times*.

Criminal Abortion.

Grant (*Interstate Med. Journal*). The author thinks that the physician, the minister and the legislator can all do much to check, if not stop, the ever-rising tide of criminal abortion. The physician must first of all teach that life exists from the moment of conception and that many women knowing this fact would refrain from committing such acts. He must teach the woman not only the dangers to her life, but also the long train of ailments that often follows, and he must convince her that no reputable physician will produce abortion. She must be told

that when the time comes, as it often does, when she desires children, it may be too late. The grossly insulted uterus either refuses to become pregnant or it promptly expels the fetus. Last, but not least, the newspapers and periodicals should not be allowed to publish any of the thinly veiled advertisements encouraging abortion.—*Columbus Medical Journal*.

Aerial Disinfection.

The Illinois State Board of Health (Circular of Health) now recommends formaldehyde in combination with potassium permanganate as a naerial disinfectant.

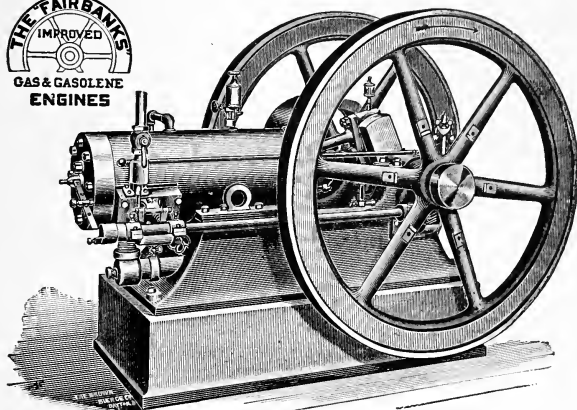
The following quantities of chemicals should be used for each 1,000 cubic feet of air-space: Temperature above 60 degrees F.—Formaldehyde (40 per cent.), 16 ounces, potassium permanganate 6 3/4 ounces. Temperature below 60 degrees F.—Formaldehyde (440 per cent.) 24 ounces, potassium permanganate 10 ounces.

Good formaldehyde is essential to success. Reliable formaldehyde or formalin is not very expensive; poor formaldehyde is dear at any price. Get the best. The permanganate of potassium must be in powdered form, or in long needleshaped crystals. If the large octahedral crystals are purchased, they must be powdered before use. The retention of the heat caused by the reaction of the combined chemicals is necessary to the generation of a large volume of gas. Hence it is necessary that the metal container or generator be covered with asbestos, or with a non-conductive outer vessel. As the union between the chemicals causes much frothing and effervescence, large vessels are necessary to prevent the solution from running over. The amount

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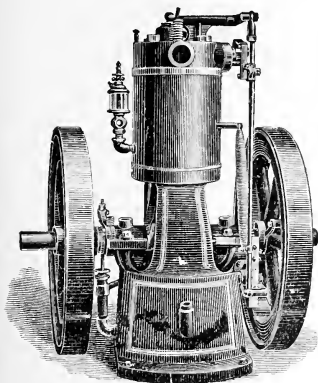
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of the chemicals set forth in formula above given should not be exceeded unless size of vessels be increased. The formaldehyde solution must be poured upon the potassium permanganate must not be dropped in the formaldehyde. The room should be sealed so as to prevent the escape of gas. Clothing bedding, etc., must be treated as described. It is always well to wash the wood surfaces of the room, as described. It is absolutely necessary to do so when such surfaces have been soiled by the sputum or any other discharges of the patient. It is not practicable to disinfect books with formaldehyde. In conclusion, health officials, physicians and all others who may be called upon to perform disinfection are urged to adopt the method of aerial disinfection recommended herein, and to abandon the use of all other methods.—*Columbus Medical Journal*.

Report of Committees on Insurance Fees.

We are indebted to the Pennsylvania Medical Journal for the following:

To the Medical Profession of the United States—At the Boston session of the American Medical Association the undersigned were appointed as a committee to investigate and to report on the insurance-examination question. We were instructed to confer with the insurance companies which had reduced the medical examination fee from \$5 to \$3, and, if possible, to induce them to return to the original fee. Nothing could be done during the summer, owing to the fact that representatives of the companies, as well as some members of the committee, were absent on their vacations, either in Europe or at other distant points.

At the earliest opportunity after the

vacation the matter was taken up with representatives of the Equitable, the Mutual and the New York Life insurance companies. The last company, it will be remembered, had reduced its fees eleven years ago, and its officers declined at first to meet us in our official capacity. When this technicality was brushed aside it was found that none of these companies would restore the fee unless all should agree to do so. The New York Life Insurance Company apparently blocked the concerted action, essential to a restoration of the fee to \$5, and a compromise proposition, made by us, was also rejected. Therefore, our efforts to influence the companies to restore the fee to a just and proper one have failed.

We were also instructed to make known to the profession, through The Journal of the American Medical Association or otherwise, the results of the negotiations with the companies, and to advise what policy should be pursued in the event of failure to have the fee restored. In doing this the following facts should be stated:

First.—The reduction of fees was made by the companies without consultation with their examiners, either collectively or individually.

Second.—The companies insist that they be left to deal with individual physicians and not with the profession as a whole.

Third.—On the other hand, they themselves have practically agreed to stand together in maintaining the reduced, insufficient and, we believe, unjust fee.

Fourth.—The companies claim that physicians' fees were reduced on account of the legislation in New York. The facts do not warrant this state-

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ment. The fee was reduced by the New York Life eleven years before the present law in New York was thought of, and by the others before it was proposed. The recent action of the Manahattan, a New York company, restoring the fee to \$5, only emphasizes the correctness of our position on this point.

Fifth.—We find that the so-called economic measures instituted by these insurance companies have apparently been chiefly in the medical department, and that the medical department was almost the only one which was not smirched by the past history of extravagance practiced by the officers of the companies.

Sixth.—We believe that the companies can and should continue to pay a minimum fee of \$5 for medical examinations, which seems to us to be a reasonable and just remuneration.

These are the facts, and we refer the question to the county and state societies for such action as they may deem wise and proper. We urge, however, that the will of the majority be not made a test of membership, in accordance with the modern idea in the profession that kindness and moral suasion should be substituted for the old methods of ostracism and exclusion in all of our work.

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Bad Times for the Doctor.

Now that the medical schools are once again filled with embryo surgeons and physicians, the medical papers are lamenting the bad times on which doctors have fallen. The British Medical

Journal even avers that their incomes have fallen off 25 per cent. during the last three years. As an explanation it suggests the dying down of the epidemic of influenza, and the mild winters, with the consequent absence of the type of illness called "seasonable." There is, I think, another possible explanation. A very large part of the doctor's work is nowadays preventive, and as sanitary officer and adviser he has had, as we all know, a notable influence upon the public health. You do not find the lawyer very enthusiastic about the simplification of legal processes so that every man may be his own lawyer, and yet not have a fool for his client. But the doctor is always trying to prevent the illness whereby he is supposed to make a living. He is like the man who sat on the bed of the bough which he was sawing off. It is surely a little unfair of the public to expect the doctor to ruin his own chances of living by increasing those of other people. His very success spells failure and bankruptcy. The obvious remedy seems to be the reversal of our usual practice of rewarding the doctor only when we are diseased. Let us pay the doctor for keeping us well rather than for curing us when (possibly owing to his own lack of watchfulness or foresight) we are ill. There is, you will remember, the precedent of China, where the citizen stops payment so soon as the doctor has to treat him. And I know at least one squire who pays the country doctor a fixed and generous salary for looking after the health of the household. Naturally the doctor puts in the stitch in time to save the nine he would have to provide if a case of typhoid broke out!—*The Reader, London.*

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In a practical note on the treatment of puerperal convulsions, Faix and Herbinet briefly review the approved therapeutics of this condition (*La Gazette du Centre*, through *Le Journal de Medicine*, May 6, 1906). When confronted by a case of pregnancy attacked by convulsions, the first effort should be to strive against the toxic agents and to remove them as rapidly

as possible from the system. This indication is admirably met by bleeding. When a vein can not be conveniently opened at the bend of the elbow, we may take blood from the internal saphenous vein in front of the internal malleolus, where it can be easily felt lying on the surface of the bone. From it can readily be obtained from 500 to 800 grammes of blood, according to the corpulency of the patient. Having removed part of the poisoned blood and

reduced the arterial tension by the venesection, other means may be added, such as purgatives, enteroclysis, inhalations of oxygen and a water diet. The saline purgatives employed, such as Carlsbad or Seidlitz salt, by causing a flow from the intestine, relieve the organism of toxins and act as derivatives of the intestinal mucosa. Enteroclysis completes the antitoxic treatment. By the aid of a long rectal tube, from 20 to 30 liters of boiled water may be thrown into the bowels; and this may be done twice daily, morning and night. By the mouth, water is also given; either willingly or by force, the patient is made to take 200 grammes of boiled water every hour. If this be done, there is no need to resort to the subcutaneous injections or artificial serum. All the water needed will be taken from the stomach and intestine when given in these large quantities. Moreover, it is questionable if the addition of salt to the blood is an advantage in the condition which is essentially uremic, and where there already is difficulty in getting salts out of the system. The intravenous injection is contraindicated by the fact that the blood tension is already high, and to increase the volume of blood might directly lead to rupture of a blood-vessel, possibly in the brain. Chloral and chloroform are also excluded as unnecessary. They are not condemned because they are dangerous, but because they are superfluous; their only object being to reduce the number of paroxysms. They may, however, act as an additional toxic element and increase the difficulties of elimination. One accident attending the convulsion, the biting of the tongue, should be guarded against by holding the lower jaw firmly against the upper during the attack, or by

doubling a handkerchief into a compress, 4 to 5 centimetres in size, and placing it between the two maxillæ. As regards the obstetrical treatment, the cases are divided into two classes in accordance with the period of the pregnancy at which they appear. If they occur during the early months, which is rare, they are to be treated as simple cases of uremia, knowing that the fetus will probably be lost and the case thereafter progressively improve. If, however, the convulsions continue in spite of treatment, it will be necessary to empty the uterus. When, as is usually the case, the eclampsia occurs at the time of labor, the dilatation may be incomplete; it is then advisable to wait, no matter what may be the condition of the infant. The viability of the latter is already gravely compromised, and it is not worth while to undertake the risks of a forced dilatation in a uterus which is frequently tetanized. On the contrary, if the dilatation is complete, the delivery should be practiced as quickly as possible, either by forceps or version, according to circumstances. The tissues being edematous, care should be taken to prevent lacerations of the peritoneum, which are, however, difficult to avoid. When they happen immediate union should be attempted, but a secondary preinorrhaphy will often be required. An intrauterine injection of boiled water should be given after the delivery. On account of the need of using purgatives and the increased danger of infection, the usual vulvar pad and T bandage should be applied. In a case of severe convulsions after the seventh month of pregnancy, if the patient's death should occur while the heart of the fetus can still be detected, the attendant should not lose a moment

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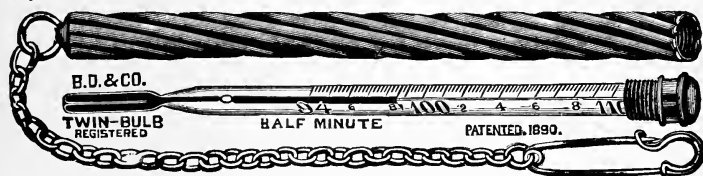
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in performing the Caesarean operation to save the infant. If the eclamptic attack should occur during childbirth, and both mother and child survive, it will be asked if she may nurse her infant. This is answered in the affirmative, and this practice is followed at the maternity hospital without any bad effects to the child.—*N. Y. and Phil. Medical Journal*, October 6, 1906.

Breakfast Foods.

No provision of the pure food law affects the cereals, nor will the output be diminished by the passage of the law.

The very extensive use of cereal preparations in the last decade or two in America has been greatly stimulated by the advertisements of the manufacturers of the so-called "breakfast foods" or "prepared cereals."

The claims of the manufacturers that their preparations are more wholesome, nutritious and easily digested are based on the plea that special processes of milling, cooking, crushing and so on have been introduced. These claims are so plausibly worded that the average person is inclined to believe that their values as muscle and brain builders are really considerably increased by the processes used in their manufacture.

Dr. Bartley, Professor of Chemistry at the Long Island College Hospital, has investigated nearly one hundred samples of prepared cereals, with a view to determine what food value the manufactured or prepared cereals have.

The full results of his investigation will probably soon be published, but he has allowed us to make use of his investigations and to give his conclusions.

The cereal breakfast foods sold in

packages contain, in almost every case, as much food value, weight for weight, as the cereals of which they are composed. Their ingredients are wheat, corn, oats, barley and rice, respectively, or they are mixtures in varying proportions of two or more of these. No preservative or adulterant is contained in any of the cereals so far as investigation shows. Some of the cooked or semi-cooked and crushed or rolled prepared foods require less cooking than the unprepared grains, but these on the other hand are more subject to fermentation or "souring." He believes he has traced to this source some of the eruptions in children.

As a rule the unprepared oatmeals and other cereals and most of the prepared cereals reach the table insufficiently cooked. Many of them should preferably be cooked or, at least, soaked in water over night, when intended for serving on the following morning.

The only possible advantage of the prepared cereals over those bought in bulk is that some may require less cooking, while at the same time they are more subject to the attacks of fermentation-bacteria.

In process of preparation or manufacture, their bulk, as a rule, is very greatly increased, thus bringing the cost, bulk for bulk, very much higher in the case of the prepared article.

The "ready-cooked" cereals have largely displaced the older broken-grained cereals, but many of the former are found to be insufficiently cooked—the cellulose envelopes containing the starch granules unbroken—while in those in which this envelope is disintegrated by cooking or bruising there is a likelihood of early decomposition of the starchy ingredients.

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pared article are, novelty and apparent variety, and less necessity of prolonged cooking. In the case of the old style, cracked grain cereals, there is great resistance to degenerative changes if stored for any length of time before use and a very considerable saving in the cost of a staple article of food, which, if properly prepared, ranks high in relative food value.—*Brooklyn Med. Journal*.

From the Denver Medical Times.

Practitioners of medicine and surgery are occasionally tempted to think and speak unkindly of one another, especially if they seldom come into social contact at medical societies and elsewhere. It is the same feeling which prompted the ancients to consider every stranger a barbarian, if not an enemy—a feeling which should be manfully suppressed because it is a token of weakness and distrust of one's own powers.

The writer has not lived so long as Methuselah is reputed to have cast a shadow, but he has yet to see the sane man who has not some good in him. Age and sex, race and nationality, each is marked and marred by certain virtues and defects. Shakespeare alludes to the relation between young limbs and lechery, old age and avarice. The Caucasian can learn cheerfulness from the black man, industry from the yellow race, and fortitude from the red brother. The difference between the sinner and the saint is mainly a matter of discretion—the latter is "on" to the fact that sinful pleasures are not worth while. There are only two traits which are positively unbearable, namely, brutality and pharisaism.

So let us consider the other fellow as well as ourselves. You may think

he is pompous; he may deem you flip-pant and with rooms to let in the upper story. You may look upon him as a "joiner;" he may regard you as a "clam." You may regard him as a cheap drudge. You may think he should have been a butcher; he may believe that you would have done better as a commission merchant. But that both of you are jolly good fellows, nobody can deny.

When a confrere with a bland voice and a mobile mandible rises to his feet and waxes his tongue with frantic alacrity, do not dub him a bore or conclude that he has a diarrhea of words and a constipation of ideas. It is quite possible that you are merely envious of his fluency because when you try to utter your thoughts you stutter, stumble and stick.

When a colleague opines that the proprietary remedy, *abracadabra*, is a fine thing, but that another preparation, *badaracadra*, is bad, very bad, because the former has been sponsored by the Council of Pharmacy of the A. M. A., while the latter stands only on its merits (if it has any)—do not at once classify him as an egregious crank. It may be simply that he does not care to think for himself on such matters.

When you see a doctor's waiting-room filled chiefly with girls and women, it does not follow that he is an abortionist, any more than a disproportionate number of the opposite sex being treated proves a practice limited to genitourinary work. Even a woman has some other organs than the genitalia.

Do not look askance upon your fellow physician who draws a salary from the taxpayers, and who holds on to the public's pap as long as the old cow will "let down." Probably you would do

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THE OTHER FELLOW.

"O wad some Pow'r the g'ftie gie us
To see oursels as others see us!"

If the specialist wishes to continue to succeed, if he wishes to merit a share of the glory which comes from having contributed to the progress made along medical lines, he must keep posted on general medicine. It is not enough for the neurologist to read only the literature devoted to this subject; the nose and throat man cannot do justice to

himself nor his patients if he proceeds to forget general medicine as soon as he finds himself fairly well established in his specialty; so the specialist in any branch of medicine should read and keep posted on the general medical literature of the day. Much that has a bearing on special subjects is discovered by the general practitioner and recorded in the journals devoted to general work.

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Formalin, a 4-per cent. solution in glycerin, is highly extolled as a remedy in this affection. All grease should be first removed with turpentine, followed by soap and water. Then apply the formalin-glycerin, and repeat several times for about an hour. One prolonged treatment of this kind is usually sufficient.—*Denver Medical Times.* ..

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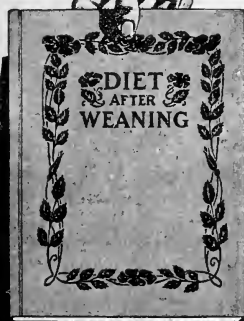
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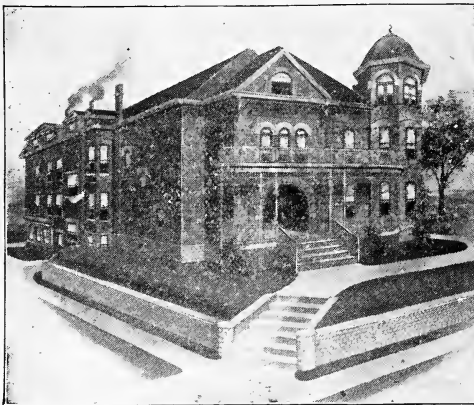
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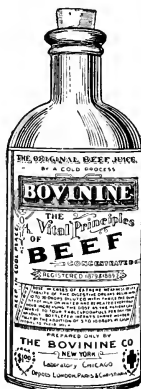
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Scientific Articles, Clinical Memoranda, News Items, etc., of interest to the profession are solicited for publication.

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Authors may have 25 copies of CAROLINA MEDICAL JOURNAL containing their articles mailed free to as many of their friends by furnishing us with the names and addresses when sending in their MSS., without cost or trouble to themselves.

ORIGINAL COMMUNICATIONS.

Gastric Disturbances in Tuberculosis.

(By W. O. Nesbit, M. D., Professor of Diseases of Digestion of the N. C. Medical College and Visiting Physician on Digestive Diseases to Presbyterian and St. Peter's Hospitals.)

Primary Gastric Tuberculosis is of such rare occurrence that many doubt its existence. There are, however, a few authentic cases on record; they are of the miliary stype and are supposed to be contracted by the ingestion of tuberculous milk or meats.

TUBERCULOUS ULCERATION OF THE STOMACH.

That tubercular erosions and ulcerations of the stomach mucosa do occur has been established by pathological findings. It is also agreed that when they do occur that they are most frequently secondary to tuberculosis of the lungs or larynx. The following

case suggests to me that we may at times find primary infection of a simple gastric ulcer when tuberculosis of the larynx and lungs is not demonstrable.

A physician of an adjoining town, came to consult me for stomach trouble of six months' duration; he was thirty years of age; his family history was clear of tuberculosis and there could be detected no physical or microscopical evidence of tuberculosis of lungs or larynx. Gastric analysis showed acid excess and he was ordered to take the usual diet and medicines for such cases and cautioned that there was some danger of the development of ulcer and advised to rest for a period; this, however, he ignored and continued his practice. Eight months later he reported again and stated that, a few hours before, he had a copious gastric hemorrhage. He was at once taken to a hos-

Read before the Mecklenburg County Medical Society at its March 1907 meeting.

pital, and put to bed and there was recurrence of the hemorrhage the following day; the usual ulcer treatment was given and in six weeks he was able to eat solid diet and had recovered much of his strength. Four weeks later I saw him in the hospital of his home town and an examination showed a marked bulging of the right hypochondrium and a temperature of $1\frac{1}{2}$ degrees. The attending physician and myself advised operation, thinking that the patient's request he was taken to there was a perforation abscess. At the patient's request he was taken to Johns Hopkins and the surgeons there also advised exploratory incision, and expressed the opinion that the process was tubercular, but at the same time admitting that the history argued differently. Operation revealed ascitic fluid and numerous tubercular deposits. This question naturally arises: Had we here primary tubercular ulceration or tuberculosis engrafted on a simple ulcer. As to the symptoms of tubercular ulceration of the stomach we may say that they are similar to those found in non-tubercular conditions, namely, burning, pain, nausea and vomiting shortly after the ingestion of food, localized tenderness; hemorrhage is not so frequent in the tubercular ulceration.

GASTRITIS IN TUBERCULOSIS.

Gastritis in tuberculosis may be acute, subacute, or chronic and show excessive, normal or diminished gastric acidity. In the earlier stages the acidity is usually normal or above; in advanced cases it is as a rule subnormal. The symptoms are practically the same as those of ordinary gastritis. If the vomiting occurs only with the cough it is most probably reflex; but if it occurs

at times when there is little coughing it is generally from gastritis.

GASTRIC DILATATION.

Gastric dilatation with food stagnation and fermentation is a serious menace to the tuberculous patient and so perverts the nutrition by the absorption of the fermented food products as to hasten the decline; this condition can be recognized without any extensive tests, that is by the patient vomiting in the morning of food taken the evening before or the vomiting at one meal of food taken at the preceding meal (stagnation).

HYPERACIDITY.

There is a class of tubercular cases which show high nerve tension and an excessive gastric acidity. This class is made up largely of over-worked men, of women over-burdened with household and social duties, and of young men who have depleted their nerve force by indulgence in the dissipations of present day life. In these cases the physical resistance is lowered and the system does not resist the tubercular toxines. Hyperacidity in these cases often gives marked discomfort and can be positively recognized only by chemical analysis.

TREATMENT OF THE FOREGOING ARRANGEMENTS.

Speaking in a general way we may say that the proper care of the stomach in tuberculosis is of the utmost importance, because unless we maintain the nutrition the decline of the patient is sure and rapid. While readily admitting the urgency of full feeding of the tubercular patient still I am of the opinion that we often overfeed and thereby unintentionally delay the favorable

progress or even hasten the decline. Patients in bed during a febrile period require less food than active non-febrile cases; cases under active exercise and at high altitudes require more food than those at lower altitudes and less active exercise; cases with large lung area destroyed can not oxygenize and assimilate as much food as those cases in which the process is not so far advanced; neither can cases with ulcerated or eroded stomachs or cases with dilated stomachs take properly as much food as those in whom such conditions do not exist; hence, while it is essential to feed liberally, still it is the part of wisdom to ascertain the patient's digestive and assimilative capacity and not to push the food beyond this capacity.

Again I fear at times the Creasote and Codliver Oil preparations are administered for too long periods and in excessive and consequently irritating dosage. It is perhaps true that plenty of well-digested food with abundance of fresh air, and without these medicines, will receive greater benefit than with them.

It might be well to say here that it is wise to caution our tubercular cases against the intentional or accidental swallowing of sputum and to urge the cleansing of the mouth before taking food; little as we may think of this as an important minor point.

Taking up the foregoing derangements separately we may say that the pain of ulceration is often relieved and the condition itself improved by the free administration of the bismuth salts or of nitrate of silver in combination with belladonna. At times palliatives, as cocaine or chlorotone, may be demanded. Along with this give non-irritative diet

of milk, eggs, scraped meats, soft toasts and cereal gruels.

The discomfort of hyperacidity can usually be controlled by the acid combining foods, as meats, eggs, and milk, and the giving of alkalies two hours after meals or one-tenth grain of extract of belladonna before meals.

Acid gastritis. In addition to the above mentioned acid combining foods may also demand the use of the stomach tube to cleanse the stomach of excess of mucus. It may be well to remark that many tubercular cases take the tube with difficulty, owing to the mucus rising into the bronchi and larynx and causing coughing and respiratory oppression. In the majority of early cases and in some of the advanced cases it is fairly well tolerated. In sub-acid gastritis the bitter tonics as *nux vomica* and *condurango* before meals and *pepsin* in full doses during the meal. The above treatment applies to the subacute or chronic forms of gastritis.

DILATATION.

Here we have food stagnation, and as these cases seldom can empty their stomachs completely by vomiting it is well to employ the stomach tube. Along with this order dry diet given in two full meals twice daily or a liquid diet given in six feedings in 24 hours is sometimes a better plan.

In melancholia and in conditions of mental enfeeblement, *Fellows' Syrup* as a brain tonic is clearly suggested. The quinine and strychnine tend to flood the anæmic brain with food, while the hypophosphorus acid supplies a "conspicuous constituent" of those complex fats upon which proper nutrition of the nervous tissue depends.

The Appendix in a Hernial Sac.

(By Hubert Ashley Royster, A. B., M. D., Raleigh, N. C.; Professor of Gynecology and Dean of the Faculty, University of North Carolina Medical Department at Raleigh; Gynecologist to Rex Hospital; Surgeon-in-Chief St. Agnes' Hospital; Surgeon to the Southern Railway.)

The occurrence of the vermiform appendix in the contents of a hernia is not a very uncommon event. Practically every treatise on appendicitis contains an account of this condition, with illustrative examples. As early as 1894 Fowler called attention to it as an occasional complication and mentioned a case in which about one-half of the appendix, with its mesentery, had escaped through a very small crural ring, where it became strangulated, giving rise to symptoms of inflamed femoral hernia." In 1899 Jonathan Hutchinson, Jr., wrote on "the vermiform appendix in relation to external hernia," emphasizing the frequency with which inflammation and suppuration occur within the sac. Jopson, in 1900, published a paper on the subject. The last one of the special works on diseases of the appendix (H. A. Kelly) devotes a special chapter to hernia of this diverticulum.

Doctor O'Kerman, of Wilmington, N. C., operated on a hernia containing an acutely inflamed appendix through which a pin was sticking. Some ten years ago I reported the removal of an appendix from the sac of an irreducible femoral hernia in an old negro man. So that it is readily seen that this is not a new or unusual affair. And my only reason for recording the following case is to add one more to the list and to indicate the important relations of the condition both to hernia and to the appendix.

J. F., male, age 30, was referred to me for an operation to radically cure a right-sided inguinal hernia. He stated that he had been ruptured only a month before, and that for a week he had been trying to wear a truss, which would not fit, and which gave him pain. The protrusion was small and apparently not entirely reducible. A diagnosis of ordinary enterocele was made and the operation advised and accepted.

As soon as the peritoneum was incised, the easily-recognized tip of the appendix was seen presenting and protruding about one-quarter of an inch into the internal ring. Further investigation showed that the appendix was adherent to the outer wall of the sac, coiled up somewhat as a snake. After tying off its mesentery, it was removed in the typical manner and the Ferguson operation done on the hernia. The cecum was adherent inside the cavity to the parietal peritoneum, but was not engaged in the inguinal canal. The appendix after removal measured six and one-half inches in length. The patient made a satisfactory recovery.

There are just a few lessons to be learned from an incident of this kind. The first is that, leaving out all other considerations, when a truss produces pain it should be discontinued and the hernia operated on. Second, taxis is a useless and harmful procedure and ought to be altogether discarded. Third, it is impossible to determine with certainty the nature of the hernial contents and since the finding of the appendix in ruptures is not rare, this furnishes an additional reason for subjecting them all to operation.

Intubation.

(By L. P. Lipscomb, M. D., Richmond, Va)

Development of the Intubation Tube. After about seventy-five years of the most disheartening surgery, it seems to have occurred to men that some method other than tracheotomy might be devised to relieve the distressing dyspnoea incident to the severer forms in laryngeal diphtheria. Just fifty years ago the first recorded attempts were made to relieve laryngeal stenosis by the introduction of some mechanical device into the larynx. The physician who attempted it was ridiculed by his contemporaries. Since that time, various attempts have been made to relieve laryngeal obstruction by the introduction of laryngeal catheters, either through the nose or the mouth. This method was abandoned, as it was found impossible to keep tubes of such length and caliber free from obstruction. Not one case of recovery from tracheotomy, performed for diphtheria, is recorded in the New York Foundling Hospital in eleven years immediately preceding 1880. This dreadful mortality in tracheotomy, which was considered simply a means of preventing suffocation and permitting an easier death, is said to be responsible for intubation as practical today.

It was at this time that Dr. Joseph O'Dwyer began a series of experiments at the New York Foundling Hospital, the culmination of which has bequeathed to the world the greatest legacy ever given by American Medicine.

The first case of laryngeal obstruction in diphtheria successfully terminated by the use of an intubation tube,

was treated by Dr. O'Dwyer in 1882—just one hundred years after the first case of which we have any record treated by tracheotomy for a similar condition.

After several years of study and experimentation with tubes of various shapes, the first of which was a bi-valve tube, with tubes too long and tubes too short, all of which were made of metal, the present neatly fitting, metal-lined, hard-rubber tube was perfected to conform perfectly to the structure of the larynx, made with the all important retention swell, and practical intubation became an accomplished fact.

It would not be proper to close this brief sketch of the development of the intubation tube without a reference to the caliber tube which occasionally has to be used. This is a thin metal cylinder much shorter than the ordinary intubation tube, but long enough to reach below the cricoid stenosis. It has a shoulder about its upper extremity to prevent its falling into the larynx. The lumen of the tube is very large to allow masses of membrane to pass through it. It may be used when it is believed that the introduction of the regular tube would push a loosened membrane down in front of itself. Since the tube has no retention swell, the largest tube that can be *crowded into the larynx must be used. On account of the great pressure the tube exerts on the larynx, it must be allowed to remain in only a few hours.*

Indications for Intubation. Theoretically, intubation should never be done except as a *dernier resort*. This is easily followed in institution work, but in private practice, where the conditions are very different, it is often

expedient to intubate earlier. In pre-antitoxin days, we are told that there was little to be gained by postponing intubation in well marked cases of laryngeal diphtheria. At present, the undoubted influence of antitoxin justifies waiting for stenotic symptoms before resorting to operation. These become quite marked in the *second stage* of the disease—the stage of spasm—when the pseudomembrane begins to form. The following symptoms may be noted: Characteristic voice, paroxysmal cough accompanied by cyanosis, harsh respiration, becoming whistling in character later. At this stage of stenosis all of the accessory muscles of respiration are brought into play. Well marked retraction in the superclavicular region and epigas- trum, exhaustion and failing pulse are noted. Children sit up suddenly with livid face, anxious expression and violent cough. The attacks recur at short intervals and suffocation is imminent. Intubation should be done at once. This stage may last from a few hours to a week, during which time the patient is struggling against violent dyspnoea and overwhelming toxæmia.

Many of the cases of diphtheria in the tenement districts of the larger cities are not seen until the *third stage* is well under way. With these, treatment is unsatisfactory and death usually occurs from one of the common complications, such as oedema of the glottis, bronchitis, or bronchopneumonia. Death in the second stage usually occurs from asphyxia.

Technique of the Operation. Of this little need be said, as anyone who wishes to do intubating may easily familiarize himself with the operation. The two positions in which intubation

is practised are the sitting posture and the dorsal recumbent posture. My experience in the former is limited to the intubation of two adults at Bellevue Hospital—both well developed men of good size. In this position, it is practically impossible to hold the head still or to keep the patient from squirming almost out of reach. The dorsal position is always used at the Willard Parker Hospital, New York City.

I should like to call attention to the fact that the tube number which corresponds to the age of the child is not always the proper tube to use. One must be governed in the selection of the tube by the size of the child for the corresponding age. The characteristic sound made by the rush of air through the tube after the removal of the obturator is gratifying to the operator because it proves that the tube has been properly placed in the larynx. One who is unfamiliar with the technique of the operation usually places the tube in the oesophagus. To be sure that the tube is in the larynx in moribund case, the operator must rely entirely upon the sense of touch. Aimless prodding with the point of the tube in the hope that it may enter the larynx can not be too strongly condemned. Irreparable damage may be done. It is better to make repeated short attempts than a single prolonged one if the tube is not properly placed at the first attempt.

Before one attempts to intubate the living subject he should have thorough training on the cadaver, and even then a vast difference will be found in intubating a struggling, terrified child, where every moment lost in unsuccessful attempts diminishes chances of recovery.

I believe there is no other operation where the field is so obscure and inaccessible when the demands upon the operator for speed and accuracy are so great, and the rewards of efficiency so gratifying.

That tracheotomy is very undesirable and rarely indicated in laryngeal stenosis, I believe is attested by my experience at Willard Parker Hospital, the city hospital for contagious diseases in New York City. In a continuous service of twelve months there, we had only one tracheotomy. Post-mortem examination revealed a large tumor in the larynx which explained the difficulties encountered in attempting intubation.

Scrotherphy. Pardon me for trespassing further upon your patience in presenting a few statistics by which I wish to call attention to the marked decrease in mortality in laryngeal diphtheria through the use of antitoxin.

It is not to be supposed that the only result accomplished by the use of antitoxin is the loosening and exfoliation of the diphtheritic membrane. This certainly means to occur, but laryngoscopy during the third stage of laryngeal diphtheria and postmortem examination show the absence of membrane in the larynx in not a few cases dying of suffocation. The paroxysmal nature of the attack of dyspnoea seem to suggest marked nervous excitability of the constrictors of the larynx, believed to be due to the effect of the toxin of diphtheria. It is therefore the constitutional, as well as the local effects of the toxin that antitoxin is believed to combat.

The following figures collected by Dr. Northrup, of New York, show that the mortality in laryngeal diph-

theria requiring intubation has been reduced about 30 per cent. since the introduction of natitoxin. Antitoxin was first used by the Department of Health in New York in 1895, but it was a few years later before its use became general. It is found that antitoxin has greatly reduced the number of cases requiring intubation.

In this country 5,500 intubation cases before the use of antitoxin show a mortality of 69 per cent. With the use of antitoxin the present mortality is about 27 per cent.—a reduction of 65 per cent.

McCullom (Berlin City Hospital), before antitoxin, mortality 83 per cent. Since antitoxin, 55 per cent. in 457 cases. Reduction of 34 per cent.

Manges reports mortality 66 per cent. before, and 27 per cent. after antitoxin—a reduction of 60 per cent.

American Pediatric Society reports 25 per cent. mortality with the use of antitoxin. All of the above figures refer to intubation cases before and after the use of antitoxin.

With the introduction of intubation by Dr. O'Dwyer, and the use of antitoxin early and in sufficient quantities, laryngeal diphtheria has lost its terror, and the percentages of deaths has been greatly reduced.

It requires even yet the unmistakable evidence of jaundice to associate the suffering with gallstones, even to the minds of some medical men; yet we know jaundice is an inconstant and infrequent symptom.—Hotchkiss, *Medical Record*.

It is a sad commentary of our age that the more money a man has the more lies he tells to the tax assessor.

ABSTRACTS.

Fresh Air Treatment in Hospital Wards—Medical Record.

Thompson gives the following as his conclusions for the betterment of ward ventilation:

1. Ward heating and ward ventilation should be capable of independent adjustment at all times.

2. The night temperature of the ward should be at least 5° F. below the noon day temperature, which latter should not be above 68° F. or 70° F.

3. The ward windows should be furnished with transoms and one or two movable separate panes, to admit of easy regulation and ventilation.

4. No window should be so heavy that it cannot be readily handled by the nurse.

5. The ward should be in communication with balconies or porches, on to which patients' beds can be moved through windows of the casement type. Such balconies need not interfere with the adequate lighting and ventilating of the ward, as proved at the Bellevue and other hospitals in which they have been used. (They are being put upon all the wards of the new Bellevue).

6. The building of very large wards should be discouraged and a greater number of small adjacent rooms should be provided to admit of the scientific adjustment of the ventilation and temperature to suit the requirements of different patients.

7. The windows of the ward, even on the coldest day, should be opened at least twice daily, in the early morning and late afternoon, for a few minutes to thoroughly change all the air in the room. During this time any patient

may be covered temporarily with extra bed clothing if there be fear of exposure from draft. The same procedure should be carried out immediately after visit-hours.

8. Day rooms should be provided for convalescents where they can obtain change of air and scene, and leave more fresh air for the bedridden patients in the wards.

9. The ward should have at least one accessible heater, where patients temporarily sitting up may gather and warm their feet if desirable.

10. It is entirely unnecessary to have all the ward windows precisely alike, except from some fanciful esthetic standpoint. Thus certain windows of the casement type should spring from the floor and give on to balconies. Obviously heaters cannot stand in front of these windows as they should in front of other shorter windows of the ordinary height. Windows should be grouped with more reference to sunlight exposure, ordinary wind exposure, etc., than is usually done.

11. House staff and nurses should not only be taught ventilation theoretically, but made to put it into practice in the wards, and should be made to regard fresh air as of equal importance with fresh food.

Galvanism in Gleet.

Hendricks claims that the gonococcus can be easily destroyed with even mild germicides. (*Med. Council Dec.* '06.) The reason of failure is because in the male urethra the medicines used do not come in contact with the specific organisms. The antiseptic must be driven down into the tissues, and this is accom-

plished with galvanism, of which he has this to say:

The philosophy of galvanism in chronic gonorrhea rests upon the well-known germicidal properties of the positive pole and the deposit of copper within the tissues exposed.

Together with these two germicidal agents is the additional fact that both the current and the copper may be made to penetrate the tissue, which cannot be said of any medicine placed upon the same surface by any other means.

The technic is simple. It consists in using any suitable electrode, providing it is composed of copper and is properly insulated.

Dr. G. Betton Massey, of Philadelphia, advises zinc amalgamated with quicksilver when extreme germicidal properties are desired.

I have used copper amalgamated with quicksilver and have seen the mercury completely driven from the electrode into the tissues. The results, compared with the use of copper alone, appear to be equally successful, with this difference, that the electrode amalgamated with mercury is slightly more painful but is less apt to become glued to the tender surface of the urethra.

The Treatment of Hip Disease, Surgery, Gynecology and Obstetrics.

Porter states that the one thing essential to speedy recovery of the acute cases of tuberculosis of the hip is absolute and prolonged rest of the joint. He formulates the following general principals as giving the best results:

1. Pain and muscular spasm are most quickly relieved by traction. The result of traction depends not so much on the amount as upon its continuity. Three pounds for a child up to eight pounds for an adult is usually sufficient.

2. When flexion deformity is present the traction must be applied with the leg elevated to the angle of the deformity until muscular contraction is abolished, and then gradually lowered.

3. When all pain and muscular contraction have disappeared, the joint should be immobilized from the toes to the tenth dorsal vertebrae, with the leg in an abducted position. He uses a weight and pulley for traction and the long plaster-of-paris spica for immobilization. He keeps the cast on from three to six months, with the patient about on crutches. He recognizes a tuberculous abscess as simply a collection of debris and serous exudate, so if the abscess is small and not secondarily injected he leaves it alone, otherwise he incises through healthy tissue, evacuate and close up without drainage. For the old cases having had no treatment, with the thigh flexed and adducted and the leg shortened from 2 to 4 inches, he cuts the adductor muscles and forcibly abducts the leg with an apparatus designed by Ridlon for congenital hips.

Liberal Diet in Typhoid Fever.

In a paper on this subject read before the N. Y. County Med. Soc., (N. Y. Med. Jour., Dec. 1, '06), Manges makes a plea for fuller diet in typhoid fever. Milk is given as the most important article of diet, if it agrees with the patient, otherwise it is withheld. He sums up his plan of feeding as follows:

"A delirious or somnolent patient can only be fed on liquids (not necessarily milk alone); if he is only apathetic or is perfectly rational, I ask whether he is hungry and desires something more than liquids. If he answers in the affirmative I do not hesitate to carefully increase the diet according to the fol-

lowing plan. During the first week the diet is necessarily a restricted liquid one, since the diagnosis is more or less in doubt at this period. The diet consists of milk with its various modifications and additions, soups, broths, and fruit juices. But as soon as the diagnosis is more or less certain the diet is increased by allowing the patient to make his own beef juice. Patients are very grateful for being allowed to make their own beef juice by chewing thick pieces of soft, juicy, sirloin steak, the nurse standing by and not giving another piece until the patient has returned the piece that he has been chewing. This not alone keeps the mouth clean, but the free flow of saliva both directly and reflexly stimulates the secretion in the stomach. This cleans the tongue and stimulates the secretion of saliva. It is always keenly relished. Plasmon, somatose, or tropon are added to the milk, or soups or broths. If these are well tolerated and the patient wants more nourishment, ice cream, cup custard, or thoroughly cooked rice pudding, farina, blanc mange, wine jelly, apple sauce, milk toast (without crust) or softened crackers offer a list from which selections may be made according to the desires of the patient.

If the tongue keeps clean and the abdomen soft and the stools do not contain undigested food, we may then add either raw or soft boiled eggs, (boiled one and one-half to two minutes) or scraped beef, or very finely minced lean beef. The latter must be very carefully prepared and must contain no shreds. It need scarcely be added that the patient must be instructed to chew all articles of food very carefully. When meat is allowed, it is once a day only, the amount being about two or three ounces."

He justifies the more liberal diet by the following consideration:

"First that the long duration of this disease renders it imperative that the general nutrition of the patient should be kept up to the highest standard to sustain life and to prevent complications and secondary infection as far as possible.

Second, the diet must be palatable and must be of such a character that the patient can relish it and digest it and also that it can provide for the loss of tissue resulting from the febrile process.

Third, the diet should be so regulated that no harm results to the patient on account of the peculiar anatomical lesions."

Rectal feeding is advocated in cases of vomiting, and the following cautions given:

"Finally a few words of warning about the use of the fuller diet in typhoid fever. *It is important that all articles of food be thoroughly cooked, carefully minced or strained, and as sterile as possible. The patient must thoroughly masticate the food. Furthermore, the liberal diet must not be given to all patients. The rule that I have already given is a simple one—if the patient desires more food, the quantity and variety may be safely increased.*"

Hemorrhoids.

The following combination is useful:

Ext. Belladonnæ. gr. x.

Acidi Tannici. gr. vi.

Hydrarg. Chloridi Mitis. gr. xxx.

Cocainæ Hydrochlor. gr. vi.

Unguenti Petrolati. ʒi.

Wash the parts well and apply locally, night and morning.—*Jour. A. M. A.*

SELECTED PAPERS.

The Use of Adrenalin During Ether Anesthesia.

By Charles S. Venable, M. D., Charlottesville, Va.

Recognizing that my experience in the use of adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

Some time ago in giving ether to a young man who was to undergo an operation for oblique inguinal hernia, I experienced more trouble from a profuse bronchorrhea than ever before. At the commencement of the anesthetic the patient's respirations were clear and regular, his color was good, and his pulse 84. The anesthesia was, as usual, begun with nitrous oxide gas, followed by ether, using a Bennett's inhaler until etherized, when a towel cone was substituted. Very shortly after the ether was begun the bronchial secretions were markedly stimulated, and so rapidly increased that in ten minutes there was a profuse bronchorrhea. The pulse increased in rapidity and lost volume, respirations became shallow and irregular, and the patient cyanotic. The moment the ether was withheld the patient promptly offered resistance, and when more was administered his breathing was so interfered with by the great flow of mucus that at times respirations would cease.

After trying all the usual methods to continue the anesthetic under these try-

ing circumstances, I ordered a 5 per cent. solution of adrenalin and with this mopped out his pharynx. Almost immediately the secretion of mucus became less, the respirations clearer and deeper, and the patient less cyanotic. In a few minutes, however, there was a threatened return of the profuse secretions with the accompanying cyanosis, but by the use of the adrenalin this was again averted. In twelve minutes from the time the adrenalin was first used the throat was clear of mucus, respirations were deep and regular, and all embarrassing symptoms had disappeared. After this a few drops of the adrenalin solution were occasionally poured into the ether cone and the anesthesia was carried on to an uneventful termination. With the improvement in respirations the pulse steadily improved, becoming regular and full. The recovery from the anesthesia was quick and satisfactory. The patient vomited once, but complained of no subsequent nausea.

With this encouragement I determined to use adrenalin with my anesthetics as a routine in a series of cases. This I did, but will not detain you with a description of each case.

I found that a 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes

to an hour. The effects are a more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long, tedious operations, lasting over two hours, and in none of the series was any stimulation required during the anesthesia.

Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases; only two patients vomited at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better aeration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia and there is less probability of ether pneumonia following. The adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much weakened patient..

Virginia Medical Monthly, 110 Jefferson Street.

Disguising Disgusting Drugs.

By E. S. McKee. M. D., Cincinnati, Ohio.

The erudition of Egypt, the grace of Greece, the riches of Rome will not enable the average boy to take an un-

disguised dose of castor oil, quinine or salicylic acid without giving an exhibition of very bad taste. In these days of elegant pharmacy, Homoeopaths, Osteopaths, Christian Science, and "sich," it behooves us to try to make some very worthy remedies which are as bad as they are good, more acceptable to the palate of the precocious youth and aged of our clientele. Some disagreeable drugs under some circumstances must be given in liquid form and to render their administration less unpleasant in this form is the object of this short paper. It was Oliver Wendell Holmes who said, "Youth fades; love droops; the leaves of friendship fall." We might have added that the taste of some old reliable remedies outlives them all.

Quinine, a most valuable drug, can not be well given to children and infants in pill or capsule form, also some adults where the digestion is bad must take it in solution. The taste is very bitter. Quinine sulphate one grain to three of tannic acid can be given very well in syrup of tulu. Quinine sulphate 1.00 glycerine 2.00, fluid extract of yerba santa 2.00 syr cacao ad 30.00 M. S. Shake. Mix quinine two, three grains to a drachm of olive oil and administer in cold milk. Quinine sulph H. O. 65, aqua**e* (acidulated) 5.00, Mellis albae 40.00. M. S. drachms one every two or three hours. Quinine chocolates are a very good way to give the drug to children who can be persuaded to eat them. The taste at first is disguised, but generally appears later.

Salicylic acid. This nauseous sickening dose is best given as the salicylate of soda and well diluted. It is still

bad and some delicate stomachs can not bear it at all. It is well given in the essence of pepsine or the elixir of lactopeptine, both of which obviate to an extent its deleterious effect on the stomach. Salicylate of soda is also well borne and its taste well concealed in equal parts of glycerine and Syz Rubii Idae. Equal parts of peppermint water and simple syrup or simple elixir also help disguise the evil taste of the salicylates.

For adhesiveness, viscosity and nastiness all,

For the most staying taste give us castor oil.

Rinsing the mouth and throat with alcoholic liquors prevents the adhesion to those parts. It may be rendered more tasteless and less viscid by mixing it with hot milk, bouillon or coffee, or with the foam of ale or beer or with peppermint water and brandy. A small quantity of antiseptic in a claret glass, taking care that the edges of the glass are moistened with the liquor. The dose of the castor oil slightly warmed to make it thinner and more easily swallowed is poured into the glass. The penetrating odor of the cordial masks those of the oil and it is hardly tasted when swallowed. The Arabs administer castor oil as follows: Pour an ounce of castor oil slowly, drop by drop, into a cup of milk, set on a stove and heat while stirring. In a few minutes a perfect emulsion is formed and to this is added some syrup of orange flower. In this way the oil seems not only more palatable, but more active. The taste of the oil is scarcely perceptible when administered with glycerine and a few drops of cinnamon and oil of gaultheria. Administered in capsules the taste is, of

course, quite covered and this is a very good way, admissible only for those who can swallow so large a capsule and generally in admissible for children. Sassafras in the preparation known as sarsaparilla is quite efficient in masking oil, especially when used in connection with effervescent waters. There are numerous other aromatics which could probably be used in the same way. It can be taken floated upon soda water, flavored with some aromatic syrup, or a regular emulsion may be made as with cod liver oil, by means of mucilage or other emulsifying agent. If thoroughly emulsified with the addition of orange juice, a mixture is formed which is almost unobjectionable. Castor oil may be administered by rectal injection. In this way it acts principally locally and mechanically as a lubricant, but there is doubtless a certain quantity absorbed; as there is usually an effect more than would otherwise be expected. Castor oil is absorbed to a slight extent through the skin, but this is of no practical value. Make a powder composed of equal parts of gum acacia, licorice, lactose, and flavored with vanilla, a pinch of this powder added to water and shaken makes a very persistent froth in which may be given, without the slightest taste, such oils as castor oil, as well as much lighter substances, salicylates, cod liver oil, iodized or phosphate oil as of methyl, essence of santal and so on.

The following are good formulas:

Recipe—

Ol. ricini	30.00 (oz i)
Glycerine	30.00 (oz i)
Ol. gaultheriac	1.00 (gtt 15)
Misce et sig.	

Take one to four teaspoonfuls.

Recipe —

Vamillin0.075 (gr. 1 1-4)
Ol. menth, piperitae 0.25 (gr. iv)
Saccharine0.30 (gf. 4 1-2)
Alcoholis6.00 (dr. 1 1-2)

Mix and ad tincture cudbear 1.00
(M. 15) Mix Ol, ricini, add 120.00 or
oz iv.

Mix, shake and ad two mixtures together.

Recipe—

Gum acaciae puvīs ... 15.00 or oz. ss.
Ol. ricini 30.00 or oz i
Saccharine 0.65 or gr. x
Ol. cloves 0.12 or gr. ii
Aque ad 60.00 to oz ii.

Dissolve the gum in the water, add
the oil and last of all the flavoring.

Recipe—

Saccharine 0.12 or gr. ii.
Menth, piperitae 0.30 or gr. ivss.
Alcoholis, q. s., Misce fiat solution, et
adde Ol. ricini, 240.00.

Dose same as castor oil.

—*Pacific Medical Journal.*

Autointoxication.

Autointoxication by the tissues of various organs, or by derivatives of these tissues is very probable. Clinically, there is a group of cases in which the kidney has undergone reduction in size, such reduction affecting chiefly the cortex; in many of the cases the blood-pressure is raised, and certain signs and symptoms spoken of as uremia are present. The kidney-substance, especially the cortex, when fresh, can cause a rise of blood-pressure. The actual substance responsible for this effect has not been isolated. It is not a crystalline body, but it is of a colloid nature and cannot be dialysed. It is very labile, and ap-

pears to be destroyed when the kidney substance has lost its freshness. Clinical and experimental observations, therefore, support the view that maintained hypertension may be due to the entrance of kidney-substance into the circulation. Since raised blood-pressure occurs so often in uremia, the latter may also be due in part to the entrance into the system of toxic material derived from the kidney. That the cerebral manifestations of uremia are due to arterial spasm may be accepted, in view of the fact that the toxic substance derived from the kidney acts upon the peripheral centers of the vasomotor nerves, and the cerebral arteries possess a nervous supply. The press or effect of the kidney substance may be lost when the organ has undergone autolysis. Now, autolysis is an accepted physiological agency by which the chemical changes of the body are carried on. Experiment shows that when tissues are cut off from the circulation, autolysis takes place. If, then, the blood-supply to various organs be cut off by arterial disease, after a certain period of time the organs atrophy by a process of autolysis. Autolysis is a process allied to digestion and is due to the existence of intracellular proteolytic enzymes. No derivative of autolysis is known which is capable of causing a rise of blood-pressure. Therefore kidney-substance can alone be the cause of the rise of blood-pressure met with in renal disease; it must enter the circulation before autolysis has occurred, during the period of maintained vitality. All organs which have undergone the initial process of autolysis may yield such substances as proteoses, histones, nucleic acid, and choline. In this stage

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they can yield to the circulation material which is capable of exerting a fall in the blood-pressure. If autolysis proceeds further, the derivatives are quite without effect. The action of kidney substance, when once it has reached the circulation and produced a rise in pressure, explains the common occurrence of hypertrophy of the middle coat of the arteries and of the heart. H. B. Shaw (*Lancet*, May 26, 1906).—*Monthly Cyclopaedia of Practical Medicine*.

A bad method of preserving milk is attributed to von Behring, by which it can be kept for an indefinite time without boiling it or damaging its nutritive qualities in any way. A sixth of an ounce of perhydrol is added to a gallon of milk, which is then heated to 122 degrees F. The perhydrol decomposes

into water and oxygen; the latter escapes and the milk is left diluted with a very small quantity of water and is absolutely microbe free. On the one hand a milk absolutely microbe free would be actually unwholesome; on the other hand we have had methods of producing embalmed milk a plenty. Pasteurization is undoubtedly the best method of making milk wholesome (heating for 30 minutes at a temperature not above 165 degrees F.).

At the annual meeting of the Robeson County Medical Association, held at Lumberton, January 2, Dr. Benjamin F. McMillan, Red Springs, was elected president; Dr. James D. Croom, Maxton, vice-president, and Dr. Neil A. Thompson, Lumberton, secretary-treasurer.

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EDITORIAL.

Paresis.

The diagnosis of paresis in its later stages is not attended with difficulty, nor are errors often committed in this regard. The clinical picture is definite and decisive, and the pathology and morbid anatomy are constant and uniform. Yet with these facts before the profession the etiology of the disease remains undetermined. Langdon says (Clyclopedia Medicine, Jan. '07), that the terms "civilization and syphilization" or "wine, women and worry" are but convenient alliterations that occupy but do not fill the picture of our knowledge of the actual cause. He thinks the regularity of the symptoms point to a definite specific cause for the disease, and that this is the direction in which recent investigations lead. He gives the conclusions of W. Ford Robinson's studies with personal endorsement as follows:

"(1) Paresis is caused by a widespread infection of the organism by a specific bacillus—*Bacillus paralyticus*.

(2) The organism belongs to the "diphtheroid" group, but is, nevertheless, distinct from the Klebs-Loeffler bacillus of diphtheria. It is observed in two forms: (a) as single individuals irregularly disposed; (b) as a filamentous or thread form.

(3) The bacillus gains entrance to the system by way of the alimentary and respiratory tracts chiefly.

(4) Syphilis, alcoholism, dissipation, etc., are merely factors in breaking down the general defences against the bacterial invasion.

(5) The invasion of the blood, lymph, and tissues generally by the bacillus gives rise to the production of toxins, to which are due the various degenerative, convulsive, and paralytic features of the disease. The "remissions" so characteristic of the disease are accounted for by the "lysogenic action" of the blood, which inhibits the proliferation of the bacilli from time to time. The bacillus was found in abundance—widely distributed—in

twenty consecutive cases of paresis, and in the centrifugated deposit from the urine in seven consecutive cases of *tabes dorsalis*. The questions, whether paresis is *tabes* of the brain or *tabes* is paresis of the cord, seems likely to be answered, in view of these findings. In control cases the bacillus was not found. Rats fed on pure culture of the bacillus died after two months, with paralytic and stuporous symptoms; and histological examination revealed some of the important lesions of paresis. The conclusions of Robertson have been confirmed, in a measure, by investigations in America, and researches are progressing in various laboratories. As regards the practical outcome of these researches, it is evident that they point the way to certainty of diagnosis in both paresis and *tabes* at a much earlier period than is now possible.

In logical sequence to the ascertainment of a cause comes the search for a remedy. The rational indications point to serumtherapy as the outcome, and investigations are now taking that direction. The outlook appears at least hopeful. At present it would appear that early diagnosis is more important than ever; and that the pathognomonic element of early diagnosis in doubtful cases, lies in the detection of the bacillus paralyticans. This may be conveniently searched for clinically in the centrifugated deposit from the urine or in the cerebro-spinal fluid obtained by lumbar puncture.

Its universally fatal result prompts a study into its early recognitions, and the searching for the *bacillus paralyticans* in suspected cases, is indicated. If serum therapy is to be of benefit it should be used in the incipency of the

disease. Unfortunately the specialist rarely sees these cases until well advanced. With the general practitioner lies the task of an earlier recognition of the disease, so much desired, and in this connection a recent paper by O'Brien (Cleveland Med. Journal, Jan., '07,) on "The Budding Paretic" is timely. From this paper liberal extracts are here made.

O'Brien claims the most important prodroma are failure and decay of the moral sense. This is exhibited in various ways, depending upon the social positions and opportunities of the individual, speculations, fraud, drunkenness, indecency in sexual life, destructive violent. These are often thought by friends to be mere temporary aberrations of the mind and seriously considered. The healthy, robust man, morally upright citizen, suddenly sinking into debauchery, and drunkenness is suspicious of paresis.

The symptoms of approaching paresis are, unstable emotional attitude, repetition in conversation, familiarity with strangers, bestowing confidence indiscriminately, introduction of unrelated matter, obscurity, profanity, improper jests, undue familiarity with ladies or servants.

The delusions of the paretic are marked by absurdity. It is a dementia that is the true type of the disease. The earliest forms may be extreme irritability and on toward restlessness, violent rage, etc., without adequate cause.

When the well known physical signs appear the diagnosis is confirmed, but these mental symptoms make their appearance much in advance of the physical signs.

The differential diagnosis between

alcoholism and beginning paresis may be made by the fact the obliquities of the alcoholic disappear when the alcohol is withheld, but with the paretic these mental symptoms persist at all times. The bloated and relaxed countenance, tremor, gastric catarrh, and morning nausea of the alcoholic will aid also in making the diagnosis.

It may be confounded with hysteria. Here the mental state of the patient must be considered. The hysterical patient magnifies his ills; the paretic claims to feel well, that there is nothing the matter with him, and is rarely concerned as to his conditions.

The presence of these symptoms or any considerable number of them in a patient, where found by the general practitioners should lead him to a suspicion of paresis and prompt him to energetic measures for the purpose of confirming the diagnosis.

The Laity and the Clinical Thermometer.

The past week I have had some trouble with the head of a household where I treated a case of Grippe with malarial complications, on the question of the use of a clinical thermometer. Ten years ago she learned how to read the registerings of a thermometer, and in some way imbibed at the same time an idea that a certain temperature meant death if it was not reduced at once with fever powders. Her "fever gauge," as another old woman designated it, has been in constant requisition, and the demands for my immediate presence or advice over the phone as to a fever powder have been both persistent and urgent.

Under this state of affairs I can appreciate a factaeous and sarcastic

communication in a recent issue of The Medical Council, in which the writer expresses the wish that the conceiver of the idea of placing a clinical thermometer in the hands of the average family with a typhoid fever case, had a gross of them in his own excrementary organ, each with a different reading.

The subject is of enough importance to be discussed in a serious manner, or at least to claim more than a sarcastic condemnation. I would not condemn the use of the thermometer in the average family in toto, but am firmly convinced that its use in this manner is often fraught with unfavorable consequences. The diagnostic value of the thermometer to the physician is incalculable. Without it he would be handicapped both in diagnosis and treatment. It cannot possibly be understood in its indications as to diseased states by the untrained individual. The manifestations of diseased states as interpreted by the readings of the thermometer are so diverse, so complicated, and withal dependant upon so many other morbid conditions, that it is hazardous to say the least, to place the instrument in the hands of the uninstructed.

Granted that there are occasions when a knowledge of the variations of temperature in a patient in the interim between the visits of the physician is a necessity, it does not follow that the family should own and use a thermometer indiscriminately. To do so means that false impressions of morbid conditions will be formed. In one class of patients of neurotic tendencies, the thermometer will be brought into requisition for every ailment, and the least variations from a normal temperature be magnified into a serious trouble, with much unnecessary perturbation of

mind on the part of the family, and urgent demands as regards the doctor's visits. On the other hand another class will wait for the thermometer to indicate serious condition before calling the physician or notifying him of changes in the condition of the patient, by which valuable time in treatment is lost.

The large thermometers sold to the laity are cheap unseasoned instruments and entirely unreliable as to their readings. Their use by the laity begets a mistrust in the physician, and a loss of confidence in his ability to treat those diseases in which there is fluctuations in the temperature. It makes the family prone to the use of the coal tar derivatives — to demand "fever powders" and to use them contrary to the physician's advice, and often to the detriment of the patient.

Would I interdict the use of the thermometer by the laity entirely? This would need a qualified answer. I would allow its ownership and use in some few families of more than ordinary intelligence and judgment. The larger majority of families should not be advised or encouraged to supply themselves in the instruments.

Acute Alcoholism in Children.

This subject was discussed before the Philadelphia Pediatric Society at a recent meeting, and some interesting data presented. The variety of the trouble was commented on and also the dearth of literature in reference to it. The question of convulsion in connection with it in following the drunkenness was brought out, and specially referred to by a few foreign and English authors, these claiming that they were rare in adults, but common in children. The staff of the Children's Hos-

pital (Philadelphia) had seen no case of convulsions.

Dr. Hand had used in one case of alcoholism in a child, the acetate of ammonia with good results, claiming that it was a specific in alcoholism. Dr. Hare used the acetate of ammonia in the form of liquor ammonia acetates, saying also that in many forms of acute alcoholism coming on very suddenly, it sobers up to a certain time and becoming suddenly unconscious, a few drachms of vinegar would establish consciousness in a short while. Dr. Hare also called attention to two forms of convulsions in alcoholism, one epileptiform convulsion, in persons of poorly developed brain, and epileptic tendencies, which is quite frequent, the other type in normal individuals is less frequent.

Sub-normal temperature is always present; as is also stupor. These two symptoms were prominent in a patient seen personally some months since. The child was an illy developed boy of seven years, who drank at one time near six ounces of corn whiskey. When seen two hours afterwards there was coma, followed by stupor lasting three days. The pulse was barely perceptible, and the temperature below 95. Relaxation of the muscles was complete for twelve hours, after which several slight convulsions occurred. The treatment was the use of the stomach pump, the use of ammonia and camphor hypodermically, and warm olive solution by the rectum. Morphine was given for the convulsions, with benefit. Recovery was very slow and convalescence protracted. The final effect upon the mind was not noted as he did not remain under observation sufficiently long.

A resume of our knowledge on the subject is given by Dr. Moorhead in presenting two cases before the above mentioned society, as follows (Archives Pediatrics):

Acute alcoholism in children is of quite frequent occurrence in hospital practice, especially in Europe. The most constant symptom is loss of consciousness. This may ensue either immediately after taking the alcohol or after an interval of several hours, the period being as a rule shorter when large quantities are taken.

The period of unconsciousness varies from a few hours to several days, and it is said by certain authorities, to weeks and even months. For example, Dr. Herter (*N. Y. Medical Journal*, November 7, 1896) reports a case of a child three and one-half years old who was more or less stuporous for over two months after drinking twelve ounces of whiskey.

The body temperature is subnormal in almost all cases. That this is not dependent upon exposure is well shown by the younger boy, whose temperature fell more than a degree after admission. Temperatures above normal are reported, but as a rule they are in cases seen late, as in one reported by Dr. Musser (*Philadelphia Medical Journal*, 1880) with a temperature of 102 degrees F.

Convulsions are not so frequent as stupor and subnormal temperature. They may be either clonic or tonic in character. In the more severe cases opisthotonus is present. In his essay on "Epilepsy," published in 1890, Dr. Hobart A. Hare, speaking without special reference to children, mentions epileptiform convulsions following a debauch, and also epilepsy occurring in chronic drunkards.

Neuritis is a much less frequent se-

quel. In the case reported by Herter, previously referred to, there was right-sided paralysis, most marked in the arm. Later extreme contractures developed, especially on the left side, followed by muscular atrophy in upper and lower extremities, and marked hyperesthesia. Preceding the neuritis there were repeated general and left-sided convulsions. Recovery in this case was complete.

True delirium tremens is rare in childhood. Dr. T. M. Madden (*The Lancet*, September 6, 1884) has reported a case occurring in a boy of eight years, who had drunk the greater part of a bottle of port wine. The delirium was preceded by marked coma.

One of the youngest children in whom alcoholic convulsions have been noted is reported by Dr. Vernay (*Lyon Medical*, 1872, Vol. XI., p. 440). After the fifteenth day the child was breastfed by a wet nurse, who, it was afterward learned, drank considerable alcohol. In the second month the baby began to have convulsions. He was irritable, trembled and shook at the least noise, and had general hyperesthesia. The convulsions were general, and during each the respiration was suspended for about ten seconds, the body becoming cyanosed. The convulsions ceased shortly after the alcohol was withdrawn from the nurse's diet.

On account of the meeting of the Southern Railway Surgeons on May 28-30, the Tri-State on June 3-4, the American Medical Association on June 4-7, the Committee on Arrangements for the Morehead City meeting has decided to change the date of the North Carolina Medical Society from May, 28-30, to June 11-13.

DR. D. A. STANTON, Secretary.

Editorial Notes and Comments.

Chloral Hydrate in Scarlet Fever.

Roger has analyzed eight hundred cases of Scarlet fever, treated with routine doses of chloral hydrate and contrasted them with seven hundred and fifty-six cases treated with the usual remedies. (*Ther. Gaz.*, Jan., '07). He acknowledges that he was skeptical of Wilson's claims made in 1896 as to the routine treatment of scarlet fever with the drug, and expected to prove that it was valueless.

With the exception of early diseases, claimed by Wilson, (24 to 48 hours) his studies substantiated all claimed for it. Tables classifying the results of treatment both with and without chloral, and in the use of anti-toxine as to albuminuria, nephritis, etc., are given, and the author sums up thus:

"The following conclusions may be drawn:

First, chloral hydrate is of distinct value in the treatment of scarlet fever, and when used in doses of sufficient size to secure light somnolence does not seem to be a circulatory depressant.

Second, chloral hydrate ameliorates nervous symptoms better than any remedy yet suggested in the treatment of scarlatina.

Third, chloral hydrate allays the itching of the skin often found annoying in scarlet fever.

Fourth, when chloral hydrate is given routinely during the febrile period and for some days thereafter, postfebrile nephritis appears to be less frequent.

Fifth, this study would seem to justify the more extended use of chloral in the treatment of scarlet fever, and a more detailed study as to how it acts on the kidney itself."

Prescribing Versus Dispensing.

Albright's Office Practitioner for December, 1906, has a most excellent editorial on this question in which the subject is handled very fully from the standpoint of the dispenser. The four principle arguments in favor of the doctors prescribing, as given in a paper read before a doctor's club, are given, and the answers are the essence of the replies in the discussion which followed. The objections to dispensing are (1) it lowers the profession to a commercial plane; (2) the time consumed could be better employed; (3) inability to keep sufficient supply of drugs in fresh condition; (4) it leads patients to suppose that they pay for drugs and not professional ability, so cheapens medical practice and consequent reduction of income.

These are taken up separate, and while the force of each is acknowledged, they are not considered as counterbalancing the advantages of dispensing, as to the first the dignity of the profession is all right, but the majority of its members must look to the practice of medicine for a livelihood, and other and better reasons than want of dignity must be advanced. More weight is given the second argument advanced, and it is conceded that there are occasions and localities when and where prescribing is at most a necessity, especially where the clientele has been educated to it. It is difficult to change from dispensing to prescribing, when the clientele has been educated to the first. The third is treated at length, and it is fully shown that the physician can keep an assortment sufficient for his needs, as well as the druggist. As to the fourth argument, each individual

physician must answer for himself according to the environments.

After reading the editorial carefully and comparing it with our individual experience in both positions we can say we believe that this last conclusion is the only one to be advised in all cases, i. e., each must determine for himself the course to be pursued in the matter, according to the circumstances and surroundings.

Compensation for Expert Testimony.

The question of adequate compensation for expert testimony in criminal cases before the courts and how to secure them is often a perplexing one. In most states it lies with the court as to whether it will be allowed at all, and the amount is designated by it. Practically the doctor has no redress. Not many care to try the experiment of the lady physician as given below, but it might possibly accomplish some good in calling the attention of our solons and the courts to the inconsistency of using the physician's time and talents, his only stock in trade to the benefit of the state and the court, without compensation. The following is a clipping from a lay newspaper:

"Chicago, Dec. 27.—Dr. Effie L. Lobdell, one of the leading woman physicians in Chicago, openly defied the municipal court yesterday and after refusing to testify in a case on hearing, practically dared Judge Frank Crowe to send her to jail for contempt.

The court first gave Dr. Lobdell five minutes to pay a fine of \$25 and apologize or go to jail. The prisoner calmly remained in her seat until the five minutes had expired, expressing her willingness to go to jail. When the five minutes were up the Judge "found it impossible to send the woman to jail

without giving her full opportunity to get full advice from her lawyer." But even as she was given until to-day to make her apology or go to jail for six months, she openly declared that she would refuse to obey the court's order and that she would not appear in court to-day.

"In an interview Dr. Lobdell said she refused to testify because she was determined to begin a fight to force the payment to physicians of proper compensation for "expert" testimony in criminal cases."

Correction.

In our March Number we had the pleasure of presenting our readers with a very interesting paper that was read by Dr. C. S. Gilmer before the Guilford County Medical Society in July, 1906. A typographical error crept into the title which we regret. The title of the paper should have read, The Etiology of Typhoid Fever—The Relative Importance of Flies as a Causative Agent.

Personal.

Dr. J. Howell Way is convalescent from his recent illness.—Dr. Julius A. Caldwell, Salisbury, was painfully injured in a runaway accident near that town, January 16.

The Antituberculosis Association of British Columbia is making a personal appeal to all residents of British Columbia for subscriptions toward a consumption sanatorium.

A Cincinnati man is suing a doctor for robbing him of forty-two inches of his cuticle. Seems to have been a combination of graft and skin game.—*Washington Post*.

MISCELLANEOUS.

The State organization of prostitution does not deter young men from resorting to prostitutes, and rather has the effect of inducing them to do so. It therefore ought to be discontinued and marriage ought to be encouraged among young men. Men ought not to defer marriage until they have earned enough to live luxuriously and to give parties and entertainments, but they ought to marry while they can love their wives with the fervor of early manhood.—*Prof. August Forcl, Budapest, Hungary.*

The discovery that the center of a cake of artificial ice is generally opaque, while the part first frozen—the outside—is generally clear, has been made by Sacerdote, as reported in *La Presse Medicale*. Says The Medical Record, in an abstract: "As the water freezes slowly, all the impurities are pushed away from the part freezing. Whatever the character of the water which is frozen, that obtained by melting the outer, clear parts is almost perfectly pure, while the central, opaque parts contain the impurities. Bacteria do not escape this law, but will be found centrally congregated.—*Scientific American.*

Dr. R. O. Meisenbach, in the American Journal of Orthopedic Surgery, June, has investigated the properties of plaster-of-Paris and brings out some important practical conclusions. The plaster should be manipulated during the initial set, but not after the actual setting has begun. The practice of completing the plaster dressing by rubbing either water or plaster cream on it after the actual set has taken place

is entirely wrong, he declares, and tends to weaken rather than to strengthen the dressing. Sodium chlorid tends to hasten the setting, but weakens the strength in proportion to the amount added; dextrin increases the strength, but lengthens the time of setting. Starch in small amounts also increases the tensile strength. Portland cement strengthens the bandage in all its essentials. It also renders the bandages more porous, which permits their being worn with greater comfort and for a longer time.

By reasons of much scrubbing and enforced application of hot water to the hands, many surgeons develop eczema of the hands—especially those who use the permanganate of potash and oxalic acid solutions. To these the remarks of Dr. Prince A. Morrow, of New York, will be of interest. He says: "No application I have ever tried has proved so serviceable in keeping the skin soft, supple, and pliable as the oleate of bismuth ointment, the composition of which is as follows:

℞ Bismuth oxide, 5j.
Oleic acid, 5j.
Cerae alb. 5iij.
Vaseline, 5ij.

The addition of a few drops of the oil of rose renders the ointment more agreeable."—*American Journal of Clinical Medicine.*

If in a case of suspected appendicitis the point of greatest tenderness is situated at a higher level than customary, it is important after opening the abdomen to always examine the gallbladder for the presence of gallstones.

ADVERTISEMENTS.

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Has an unrivalled reputation. Established by over twenty
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SAMPLE ON REQUEST.

SURGICAL SUGGESTIONS.

SURGICAL SUGGESTIONS.

Pediculosis capitis may be the indirect cause of acute torticollis by reason of a developing postcervical adenitis.

Ichthyol, if used in ointment sufficiently strong (25 per cent. to 50 per cent.), is perhaps the most useful single medicament in aborting early superficial infections.

The addition of a little oil of citronella to an ichthyol ointment robs it of its disagreeable odor.

The occurrence of post-operative phlebitis is often encouraged by keeping the patient too long in bed.

An ulcer with indolent flabby granulations may be stimulated to renewed activity by a thorough scraping or by vigorously rubbing it with gauze.

The best thing to do in such emergencies as air embolism is to apply compression immediately and pour large quantities of solution, preferably salt solution, into the wound.

The presence of varicocele, especially if unilateral, should suggest an examination of the abdomen and pelvis for a possible growth pressing on the spermatic veins.

The superficial location of the ulnar nerve must be borne in mind when incising an abscess about the inner aspect of the elbow.

A submaxillary swelling should not be dismissed as a lymphatic adenitis without studying Wharton's duct on the same side. Massage of pus therefrom would alter that diagnosis.

No case of hemorrhoids should be dismissed after merely an external examination. The possibility that the piles may be evidences of an obstruction higher up in the intestine or in the

portal circulation must always be inquired into.

A gradually increasing anemia in an elderly person, without any other symptoms, is highly suggestive of a latent carcinoma, often in the intestine.

Before attributing enlargement of the liver to a surgical condition exclude chronic hepatic congestion of cardiac disease.

A metastatic growth in a superficial lymphatic gland or a gland of the skin may sometimes deceptively simulate the appearance of a sebaceous cyst. In a patient suffering with a malignant neoplasm, therefore, the development of a "wen," especially if at an unusual situation, should be regarded with sufficient suspicion to prompt investigation of its interior.

Examination into the nature and cause of discrete hard lymphatic swellings on each side of the neck, along the sterno-mastoid, should include exploration of the pharynx and naso-pharynx for possible new growth.

Do not be in a hurry to perform primary amputations after severe traumata of the extremities. First, combat the shock and prevent hemorrhage. Keep the wound as clean as possible and only when the patient has quite recovered from his shock (at the end of a few days or more), perform the amputation.

A persistent elevation of temperature after a radical operation for mastoiditis should lead one to suspect the possibility of a complicating brain abscess. If the fever shows wide fluctuations of temperature a sinus thrombosis is more probably the cause.

—*American Journal of Surgery.*



The Key

to the only sane medical treatment of all those forms of dyspepsia associated with a deficient gastric juice and an enfeebled gastro-intestinal musculature, is found in such remedies as tend, by their stimulative action on the digestive glands and muscles, to re-establish their normal physiological activity.

Colden's Liquid Beef Tonic exerts a specific action on the entire digestive tract. It restores the appetite, increases the quantity and quality of the gastric juice, and normalizes the motility of the gastro-intestinal muscles. Write for sample and literature. Sold by all druggists.

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NEWER MATERIA MEDICA.

Neurasthenia.

Today it is generally recognized that neurasthenia is a real morbid condition. It is not the result of modern civilization, as many writers would have us believe, but an actual disease that has probably existed as long as society. The name is not a generic term and when so used implies ignorance of the real condition it describes. Instead, it represents a specific malady with a definite etiology, pathology and symptomatology. There can be no question but that the trend of modern life, particularly under certain conditions, tends to aggravate and multiply cases of this disease. Overwork is unquestionably one of the principal causes coupled with anxiety, worry or persistent excitement. It is a fact that the nervous system or the mental economy of any person can stand only about so much. When overtaxed the results are bound to be disastrous, just as a muscle will suffer from excessive work. Add to overwork, individual habits, including excesses of all characters, and neuropathic tendencies which are all too often the result of hereditary influences, and it can be readily seen that nerve tire is of prime importance in the development of neurasthenia.

Within later years certain toxic states, such as syphilis, rheumatism, malaria, or the auto-intoxication of chronic constipation, have been recognized as important factors in the etiology of the disease. At an rate close study points to this important fact, that not one, but several causes unite to produce the group of symptoms ascribed to neurasthenia.

The prime object in treating this dis-

treassing condition is to restore nerve balance. Change of scene, regulation of the diet and correction of habits and faulty hygienic conditions are desirable features. But something more is always needed, and without the administration of some efficient tonic the neurasthenic will make little or no substantial improvement. The principal desideratum is to choose a tonic that goes further than mere temporary stimulation, one that will assuredly impart vigor to the nervous system, and at the same time assist each weakened organ in the reestablishment of its functions. Such a tonic is Gray's Glycerine Tonic Compound. Clinical experience has proven the therapeutic value of this well known product and under its administration the various conditions incident to neurasthenia are corrected and overcome. The nerve balance is restored, the digestive organs take up their work, normal elimination is promoted, and the various symptoms characteristic of nerve exhaustion are dissipated without the slightest evidence of undue stimulation.

Gray's Glycerine Tonic Compound moreover has this very important advantage, it not only aids worn out, tired cells and organs to do their work, but it does more—it helps them to help themselves. The results obtained, therefore, are permanent, not transitory.

Dr. John V. Shoemaker, of Philadelphia, in his Treatise on Materia Medica and Therapeutics, second edition, volume 2, page 934, says:

"After operation on the pelvic organs sulphur is the best laxative to administer. . . . and if it is con-

tinued for some time we obtain valuable systemic effects.

"In digestive difficulties, due to disordered action of the liver, which ultimately leads to Lithaemia and Structure Lesions, the habits of life must first be corrected, and the hepatic torpor will then be overcome by small doses of sulphur."

Sulpho-Lythin is an acceptable and effective means of administering sulphur since its decomposition in the stomach, by the gastric juice, results in the liberation of sulphur in readily soluble form and it exerts no disturbing influence upon the stomach or digestion.

Pertinent Thoughts.

The epidemics of la grippe which have made their annual onslaughts for some years, have taught us that this disease, once considered of no serious consequence, is so dangerous and difficult to treat, that any suggestion regarding medication is always gratefully received.

With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most case will improve by being made to rest in bed and encouraging action of skin and kidneys, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of Antikamnia and Codeine Tablets in the stage of pyrexia and muscular painfulness. This tablet, containing 4 3-4 grs. antikamnia, and 1-4 gr. sulphate of codeine, is a sedative to the respiratory centres. In the treat-

ment of la grippe and its sequelae, its value is highly esteemed. In diseases of the respiratory organs following an attack of la grippe, pain and cough are the symptoms which especially call for something to relieve. This combination meets these symptoms, and in addition, controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. Exhibited in the grinding pains which precede and follow labor; in the uterine contractions which often lead to abortion; in the various neuralgias, and in all neuroses due to irregularities of menstruation, this combination affords immediate relief. In these last conditions, always instruct that tablets be crushed before taking.

Reading Notice.

Our readers will be interested in the new appliance shown in the Allison 1907 Catalogue, just issued. The Style 133 Operating and Examining Table bids fair to be an exceedingly popular pattern, as it combines every convenience to adapt it to the requirements of the physician, is well constructed, elegantly finished, and is offered at a very low price. There is no doubt but that it is the best table on the market for the money.

Leading features are: Automatic mechanism, adjustable stirrups, arm-rest and leg-crutches, drawers and swinging cabinets, with interior finished in hard white enamel, fitted with glass and porcelain trays for instruments, etc. Send for further information and prices, to W. D. Allison Company, 830 N. Alabama Street, Indianapolis, Ind.

Internal Administration of Sulpho-Lythin in Skin Diseases.

Dr. John V. Shoemaker (of Philadelphia) in his Treatise on Materia Medica and Therapeutics, second edition, volume 2, page 934, says:

"The continued administration of fractional doses of Sulphur is often beneficial in seborrhoea, sycosis, chronic eczema, psoriasis and other cutaneous diseases."

Sulpho-Lythin is an acceptable and effective means of administering Sulphur since its decomposition in the stomach, by the acid of the gastric juice, results in the liberation of Sulphur in readily soluble form and it exerts no disturbing influence upon the stomach or digestion.

Dr. A. M. Wisker, No. 137 West 95th Street, New York, says:

"Your Sulpho-Lythin has effectually cured a patient of mine, Mrs. T., of a protracted attack of Fernunculosis. Incidentally it has materially benefit her by reducing obesity."

Special Rates for March at Famous "Mecklenburg."

Realizing the friendly interest felt for "The Mecklenburg" by the people throughout this section, and desiring to show our appreciation, and at the same time to bring this justly popular house more strongly to the attention of all, we have decided to set aside a limited number of desirable rooms at a special reduced rate for the month of March.

We wish here to call your attention to a few of the many features which tend to make this a resort for health, pleasure and comfort.

Health—Climatic conditions are as nearly perfect as could be desired. Our

splendid Hydriatric Department includes the celebrated Baruch System of Baths, Resident Physician, Trained Assistants, our famous water, Lithia and Calcium Chloride, is served free to guests, and is a specific for many ills.

Pleasure—A first class livery is maintained, rates reasonable. Fox Hunts are an almost daily occurrence, and the hunters are usually rewarded with the brush. There is a Tennis and a Croquet Court, and an Orchestra renders concerts daily with music for dancing in the evening. Varied entertainments are arranged at intervals.

Comfort—The House is modern in every detail. heated throughout with Steam and lighted by Electricity; Elevator and Bell Service. The rooms are bright, well ventilated, tastefully furnished; the beds have box springs with hair-top mattresses. The table is supplied with the best the market provides, well cooked, and the service is first class.

Trusting you will avail yourself of this opportunity,

Yours very truly,

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SPECIAL RATES (WEEKLY).

First floor \$17.50 for one person, \$30.00 for two persons; second floor \$20.00 for one person, \$35.00 for two persons; third floor \$12.50 for one person, \$20.00 for two persons.

PRIVATE BATHS EXTRA.

To convalescents or persons recommended here by physicians, Baruch Baths will be free of charge.

These Are Coca Facts,

First—Remember that the classic Coca of the Andes—such as the Indians use for endurance against famine and fatigue—is rich in valuable principles.

which are extremely valuable. This Coca is not to be found here in the open market. Don't waste valuable time experimenting with inert leaves. Mariani solved this problem nearly fifty years ago when he first presented the medicinal qualities of true Coca in nutritious wine, since known the world over as Vin Mariani.

Second—Vin Mariani forms as nearly an ideal restorative tonic as it is possible to construct—because Coca supplies the elements of nerve tone, muscular capacity, and withal a depurative which so frees the blood of waste that every tissue is rendered more capable.

Third—The wine with which this Coca is embodied forms an agreeable medium for preserving these qualities unchanged and presenting them for immediate assimilation.

These facts strengthen the testimony of worth which has maintained Vin Mariani before the medical world during the last half century.—*The Coca Leaf*, May, 1905.

Things Good and Bad.

Dr. Uriel S. Boone, formerly Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis, says: "There is one thing bad about the grippe. Its victims instead of being rendered immune by the first attack, seem to become more liable to its recurrence. There is one disconcerting feature about it. Its symptoms resemble those of so many far more serious maladies. This country is full of people who are going about darkly ruminating, because of evidences of heart trouble, nervous prostration, dyspepsia, liver complaint and old age, "together with a plentiful lack of wit and weak hams."

"There is one thing good about the grippe. It yields rather readily to the "antikamnia and quinine tablet" treatment. This remedy given in one or two tablet doses, every three hours, with plenty of rest in bed, and among pleasant and quiet surroundings, will work wonders.

"If suffering from nervous headache, nervous exhaustion, general nervousness, muscular aches, irritability or insomnia, administer one "antikamnia and codeine tablet" three or four times a day at regular intervals. Nothing equals this remedy in relieving the organic pains of women, and this without unpleasant after-effect. In these particular cases, prescribe one tablet every hour until three are taken."

Anæmia and its Relation to Catarrhal Inflammation.

No disease is more common than chronic inflammation of the mucous membranes. Doubtless many causes contribute to the prevalence of this malady which spares neither the young nor the old, the rich nor the poor, the high nor the low. Prominent in its etiology, however, are sudden climatic changes, the breathing of bad or dust laden air, bad hygiene in personal habits, and bad sanitary surroundings. These factors all singly or collectively tend to lower the vitality of the whole human organism, and as a consequence the cells throughout the body perform their various functions imperfectly, or not at all. The quality of the blood becomes very much lowered, with the result that tissues that have important work to perform, do not receive sufficient nourishment and so falter from actual incapacity. The red blood cells are reduced in numbers and the hemo-

globin is likewise diminished. Because of the blood poverty the digestive process is arrested, nutritive material is neither digested nor absorbed, and a general state of inanition ensues. It is not surprising under these circumstances, therefore, that chronic inflammation of the mucous membranes is produced. These highly organized structures with very important duties to perform naturally suffer from insufficient nutritional support, and the phenomena of catarrh follow as a logical result. Perversion and degeneration of the cells in turn takes place, and more or less permanent changes are produced in the identity and function of the tissues.

Appropriate treatment should consist primarily in correcting or eliminating all contributing factors of a bad hygienic or insanitary character. The individual should be placed under the most favorable conditions possible and every effort made to readjust the personal regime. Local conditions of the nose, throat, the vagina, or any other part, should be made as nearly normal as possible by suitable local applications or necessary operative procedures. Then attention should be directed immediately to improving the quality of the blood and thus increase the general vitality. For this purpose vigorous tonics and hematics are desirable and Pepto-Mangan (Gude) will be found especially useful. Through the agency of this eligible preparation, the blood is rapidly improved, the organs and tissues become properly nourished and accordingly resume their different functions. Digestion and assimilation are stimulated and restored to normal activity, and the various cells and organs start up just as would a factory after a

period of idleness. In fact Pepto-Mangan (Gude) supplies the necessary elements that are needed to establish the harmonious working of the whole organism. When this result is achieved, the catarrhal condition is decreased to a minimum and distressing symptoms are banished, a consummation that is highly gratifying to every afflicted patient, and every earnest practitioner.

Treatment of Rheumatoid Arthritis.

For local applications, hot baths moist or dry heat, and especially the baking apparatus, especially with the larger joints, have been very efficacious. To rub the joints, a cream of Menthol, 5 per cent., and 10 per cent., wintergreen with a non-greasy base, (Huxley's formula), and hydropathic treatment may be used. The Faradic current may be applied to the atrophied muscles, and the galvanic to the joints. Electric baths in some cases seem to be useful. Cases with local causes of infection, such as leucorrhœa, should receive proper attention, and the cause removed as speedily as possible. In these tonic remedies such as arsenic and iron should be employed as well as local treatment by douching, and astringent injections, etc. — *International Therapeutics*, Oct., 1906.

As a Muscular Tonic.

R Syrup. acid. glycerophosphatis
comp. (Huxley) ̄ viii
Tr. nucis vom ̄ ii
Sodii formatis ̄ ii
Ferri formatis ̄ i
M. Ft. Sol. Sig. One teaspoonful
in a wineglass of water immediately before or with meals.—H. Silvester, *International Therapeutics*, Oct., 1906.

"The experiments of Drs. Charteris and Latham prove that the presence of ortho and para-creasotic acids as impurities in artificial salicylic acid causes intense gastric irritation and depression of the heart; furthermore since artificial salicylic acid and its derivatives are eliminated in the urine they are destructive to the kidneys and should therefore never be employed for internal administration.

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Dr. Bernado Nobo, of Liberia, Costa Rica, finds the combination of glycerophosphate of quinine with the benzoates of creosote and eucalyptol, known as "Kugloids," especially suitable to the treatment of chronic bronchitis and in the early stages of tuberculosis, so prevalent in this tropical country.—*International Therapeutics*, Oct. 1906.

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Hospitals Under State Commissions.

A state commission, to be composed of the governor, attorney-general and superintendents of the three state hospitals for the insane and four business men to be appointed by the governor, will have joint control of the insane hospitals of the state under the recently enacted Bickett bill. They will also have authority to expend \$600,000 in proper additions to existing institutions

New Hospital for Durham.

Several years ago Mr. George W. Watts, Durham, presented the city with a hospital, which represented an outlay of nearly \$100,000. He has recently announced his intention of erecting an entirely new Watts Hospital, at a cost of \$500,000, which will, it is said, be the most complete in its appointment of any hospital between Baltimore and New Orleans. Work has begun on the foundations January 1.

A Dry Doc.

It is told of Mark Twain that during a conversation with a young lady of his acquaintance he had occasion to mention the word drydock.

"What is a drydock, Mr. Clemens—" she asked.

"A thirsty physician," replied the humorist.

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BOOK REVIEWS.

PROGRESSIVE MEDICINE, Vol I, March, 1907. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 280 pages, with illustrations. Per annum, in four cloth-bound volumes, \$9.00; in paper bind-

ing, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

We welcome the March number of Progressive Medicine and as is stated by the publishers it crystalizes the experience of a host of observers, in all parts of the world during the past year. The surgery of the Head, Neck and Thorax as revealed by recent current literature is very ably reviewed by Dr.

Charles H. Frazier, Professor of Clinical Surgery in the University of Pennsylvania. There are many subjects of interest handled in this review. Dr. Robert Preble, of Chicago, discusses Infectious Diseases, laying especial stress on Acute Rheumatism and Croupous Pneumonia. Dr. Floyd M. Crandall, of the New York Polyclinic, handles Diseases of Children and covers the late points of interest in this field. Dr. D. Braden Kyle handles Rhinology and Laryngology and discusses septal deflections, hay fever, osteoma of the ethmoid, origin of mucous polypi, the bacteriology of colds and the use of sheet paraffin in lesions of the nose. Dr. B. Alexander Randall in reviewing the literature of otology of the past year calls special attention to the work which has been done in Diseases of the Labyrinth and discusses a series of 645 cases of brain abscess. He also describes Goldstein's Oto-projectoscope.

SYLLABUS OF LECTURES ON HUMAN

EMBRYOLOGY; an introduction to the study of Obstetrics and Gynæcology for Medical Students and Practitioners; with a Glossary of Embryological Terms. By Walter Porter Mantou, M. D., Professor of Clinical Gynæcology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc., etc. Third Edition. Revised and Enlarged. Illustrated with a colored frontispiece and numerous outline drawings. 12mo. 136 Pages; Interleaved throughout for adding notes. Bound in Extra Cloth. Price, \$1.25, net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.

While this work is specially designed for, and will be found particularly useful to students in their first and second years at college and is likewise a desirable manual for review and reference for the general practitioner, it is not intended to take the place of the exhaustive text-books on Embryology, but is primarily for use in the classroom supplementary to the lecture and for laboratory guidance. It can also be used for self-instruction and in laboratory work in connection with the usual text-books.

Merry Del Val and France—How the Papal Secretary of State Views the Situation.

In his article entitled "War Against Christ," in the March *Everybody's*, Vance Thompson tells of his remarkable interview with Cardinal Merry del Val:

"His Eminence waited for me to speak, and that—when one has only three minutes of allotted time—is not easy. I told him of certain things that I had seen and known in France, and explained why it was well the truth should be written in a great magazine at home. He listened in silence until I referred to a speech that Briand, the Minister of Public Worship (1), made when he introduced the last anti-religious bill, in the Chamber of Deputies; and I quoted the words of that little brawling Jacobin: '*Il faut en finir avec Tides chretienne!*'. (We must make an end of the Christian idea!)

"The tall figure, draped in shimmering silk, had been quite motionless until then; the thin, handsome face had been like a Roman mask in its immobility, and the wonderful eyes, large and brown, had seemed of stone; but

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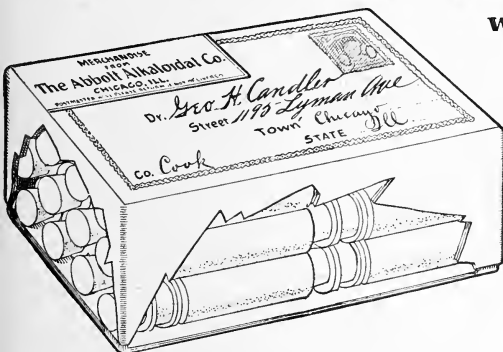
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when I quoted those words the real man appeared—it was very wonderful. It was as though a flame—without vacillation, steady as a sword—burned up in him. There was flame in the great eyes—flame even in the long white hand with which he threw back the folds of red silk. What he said was:

“ ‘You see, then! It is not a war against the church—it is war against Christianity itself—it is war against Christ? That is a plain declaration of

the government of France. Without any concealment it announces that its purpose is to make an end of the Christian idea. It is more than a solemn profession of irreligion—it is a declaration of war upon Christ.’ ”

The North Carolina Medical Society will meet in Morehead City on June 11-12-13. While we do not like to find fault we desire to go on record for expressing the opinion that the date is too late.

SELECTIONS FROM OUR EXCHANGES.

Intestinal Putrefaction.

Leo. F. Rettiger thus summarizes the results of his work on putrefaction in the *Journal of Biologic Chemistry*, August, 1906. Putrefaction is the work of anaerobes, and of all the organisms examined thus far of strict anaerobes only. The best known of the putrefactive anaerobes are *Bacillus putrificus*, the bacillus of malignant edema and the bacillus of symptomatic anthrax. Egg-meat mixture and blood fibrin are readily decomposed by them, yielding the foul-smelling products that are so characteristic of real putrefaction, particularly mercaptan. In pure cultures of these organisms, however, indol, skatol and phenol are not produced, or only in very minute quantities. Except in a few rare instances, putrefactive organisms of the above type have not been observed in feces, either of normal persons or of those suffering with pernicious anemia, even when the stools had a decidedly offensive odor. In the large majority of cases, however, feces have a more or less putrefactive action on the egg-

meat mixture, sometimes causing a reduction in the bulk of the proteid of from 25 to 30 per cent. This action is most pronounced, as a rule, after heating the tubes for ten minutes at 80 C. This heating favors putrefaction, probably by destroying organisms of the colon group already existing in the tubes and thus removing their inhibitory influence. The *Bacillus enteritidis sporogenes* of Klein is regularly present in human feces, and although commonly regarded as being a purely fermentative organism, it may be at least partly responsible for putrefactive changes in the intestine. The observations recorded in this paper strongly support the view of Bienstock that the *Bacillus coli communis* and *Bacillus lactis aerogenes* are not harmful inhabitants of the intestine, as is so often thought, but that their function is a protective one. Their presence in any putrefying medium is a hindrance to the work of the putrefactive bacteria, and therefore serves as a check on their activities. — *Jour. Amer. Med. Assn.*

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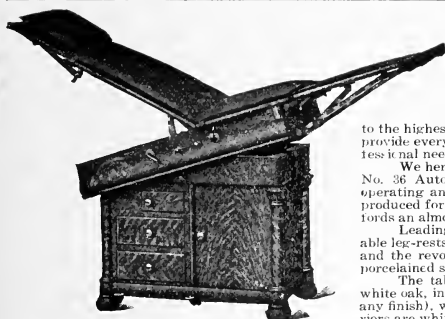
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The Detection of Blood in the Urine by Hydrogen Dioxide.

M. Sabrazes, of Bordeaux (*Lo Province medicale*, March 10th), calls attention to the fact that if urine contains even traces of blood, the addition of a few drops of hydrogen dioxide to a small quantity in a test tube will produce a very decided frothing. On the other hand, urine containing albumin, bile or sugar will, under the same conditions, froth only very slightly as compared with that containing blood.—*Med. Council*.

Errors in the Treatment of Cutaneous Cancer.

Robinson (*British Medical Journal*, Oct. 6, 1906) holds that flat growths should not be excised, but caustics and the Roentgen rays employed. Walker in commenting upon Robinson's paper strongly recommends chromic acid in the treatment of rodent ulcer, stating that years ago he was a whole-hearted advocate of excision, but that he now trusts in the x-rays and caustics, believing that the after-results are better than those from either excision or the actual cautery.

Sherwell is in favor of general surgery in cancer of pendant parts, as the penis, ear, etc., and holds that in the portions in which epithelioma is usually encountered general operative procedure is the worst possible method. Acid nitrate of mercury is his favorite caustic. This is applied about twice a week, preceded by very vigorous curettage, and is seldom followed by recurrence. Arsenic he has great faith in. It is given after treatment in increasing doses for long periods.

Fox strongly favors the use of the dental burr as a means of removing

the bulk of morbid tissue preparatory to the use of an escharotic of the x-rays.

Bulkley extolled the value of a purely vegetable diet in cancer of the skin and the internal organs, and earnestly urged that silver nitrate should never be applied to any epithelioma of the skin at any period—*Therapeutic Gazette*.

WAR AND TUBERCULOSIS.—*The International Journal of Ethics* finds that in the "glorious" victories of Caesar a million men perished by the sword. Napoleon in the short space of nine years managed to devote 2,103,000 of the sons of France to glory. In the ten years following the attack on Fort Sumter there were destroyed in war 1,400,000 lives and six billion dollars worth of property. Two-thirds of the combined budgets of the various States of Europe are devoted to the maintenance of armed forces and to the liquidation of a debt practically the whole of which was incurred by wars. War expenses in Europe absorb one-half of all the wealth created by productive labor. The Boer war cost England 22,450 men and nearly a billion and a half of treasure; and to engage in this little scrap she had to withdraw from productive industry 350,000 men. Military expenditures during the last eight years have cost the United States fully a billion and a half of dollars. Yet war has not been so costly either in human life or in treasure as tuberculosis, as the statistics of Richat and others attest.

...*There are too many scientific congresses*, is the plaint made by the *Revue Scientifique*. Much money, time and labor wasted, it would seem, by

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their multiplicity, although it is recognized to be essential to the man of science that he may from time to time compare notes with his colleagues. A manifest handicap, with regard to these congresses, is the diversity of language. At Lisbon, although the use of Portuguese was not permitted, the reports were distributed so tardily that members of the congress had no time in which to prepare themselves to speak. Much time was lost in attending fetes and other entertainments. (There are lots of us who would—wisely, we think—not consider this lost time.) Many eminent men failed to appear personally; and their papers were read for them by others. Yet the desire to attend congresses is sufficiently keen to assure a fairly moderate continuance of a practice very wholesome for those who can afford it.

Uricemia ; Therapeutics.

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Lithia salicylate, gr. 1-6 every two hours, each dose in two ounces of water, is distinctly useful, as any alkali with water would be.

Most of the multifarious symptoms attributed to uric acid are now known to be due to fecal decomposition and absorption of the resulting toxins.

Gastrointestinal symptoms, pyrosis, acidity, gastralgia, indigestion, biliousness, melancholy and sluggishness, are benefited by juglandin, one to three grains a day.

One of the most difficult things in medical practice is to limit any man to his actual needs and digestive capacity—as to food in quality and quantity.

This world is peopled by dyspeptics who eat more than they need but really

think they are quite moderate, and get angry if you try to undeceive them.

It is an object lesson to most men when they are compelled to live on the smallest quantity that will sustain life, to find how small it is.

It was once said that potassium permanganate converted uric acid into urea; be that as it may, a grain a day, divided, causes remarkable improvement.

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Useless Questions.

Every profession has its petty annoyances, but probably the medical profession, above all others, from the mysteries attached to the human body, is more subjected to foolish and silly questions. A physician may spend the day, indeed, much of the twenty-four hours, in seeing cases, and, as a recreation, he may drop in socially to see a friend or attend a dinner or some other social attraction, and at once his neighbors begin to talk about the "wonderful human frame" and such things, and then some brilliant member of the company will ask, "Doctor, is there much sickness in the city?" as if the poor physician was a collector of statistics or knew just what the condition of the city was. Another person will call across the table or room, "Doctor, do you think I ought to be vaccinated?" and probably some especially scintillating member will say that she does not believe in vaccination, which, of course, settles matters at once.

The wise physician will keep quiet at such times and not let himself into a wild discussion which can lead to nothing between persons of unequal mental attainments. There is a temptation always to talk "shop," especially by those not in the "shop." The lawyer is asked his opinion in the parlor; the physician is consulted on the street corner. Such advice is worth usually just what it costs the person asking it, namely, nothing. No man should be called on to give an opinion for no remuneration when such an opinion may have cost not only time and money but when it may, in a measure, involve the reputation of the person giving it. If the public is to be instructed at all it should certainly be taught not to force any man

to "talk shop" morning, noon, and night.—*Exchange.*

The early diagnosis of appendicitis is not made with the hypodermic syringe and morphine, not with calomel and salts, not with ice packs, starvation and rectal feeding, not with salad oil or castor oil. It is made by watching at a distance from the patient the tense face of distress. By the history of gastric disturbance, settling toward the navel and right iliac region; by easy vomiting. It is settled by the finger tips, appreciating that the right or left rectus, or both, are harder than normal, and by finding a sore spot at the right side of abdomen, somewhere below the liver, above Poupart's ligament, and without the umbilicus. It may be added that rest and procrastination are not available aids. In the last five years, or nearly so, no appendicitis case remains in our hospital to exceed an hour, before the appendix is removed. Probably more night than day operations are done. The month prior to establishing this rule we had a mortality of two and we believe one of these was due to waiting over night before operating.—*Bethan Buft Med. Jour.*

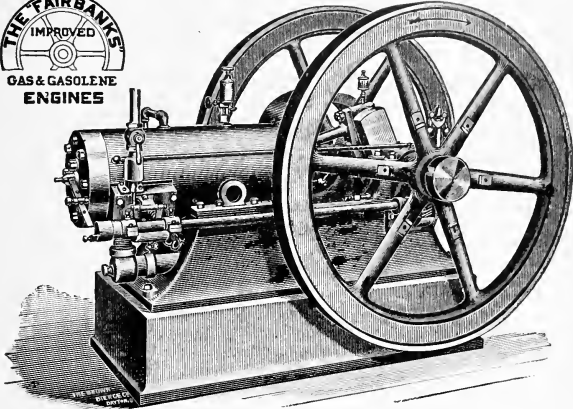
The Opium Traffic.

The possibility of the suppression in whole or in part of the opium traffic in China has naturally caused great anxiety among those interested in the production of the drug in India. It appears that although opium is produced in such vast quantities in India, only a very small proportion of it is used for medicinal purposes. The Indian drug is not suitable for the manufacture of morphine, of which it contains only a small percentage, 4 to 8 per cent., whereas

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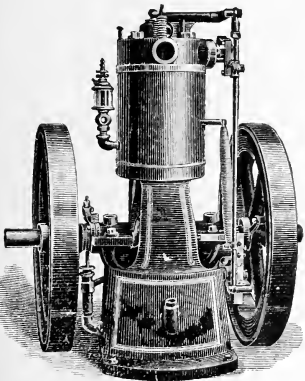
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the Turkish variety contains from 12 to 18 per cent. Consequently there is a general demand for the Turkish opium by the morphine manufacturers. There is very little doubt that the extent of land under poppy cultivation in India will decrease year by year as the demand for opium obtained from poppies grown in the hill districts of the Himalayas as in the opium derived from poppies grown in the plains, and it is suggested that some compensation for the loss of the smoking opium trade might be found in the cultivation of the poppy in higher lands, with a view to securing a share of the medicinal trade of which the Turk hitherto has been enjoying much more than his proportionate share. The demand for morphine and codeine has been increasing year by year, and Smyrna and Constantinople have been the chief sources of supply. It is suggested that the British Government establish experimental poppy-growing stations in suitable Indian districts.—*New York Evening Post*.

The Mayor's Orders.

BOSTON'S RULES TO PREVENT CONSUMPTION—In Boston they have taken up the fight against consumption in good earnest. Recently the mayor issued the following order:

To the Heads of Departments—In the interest of the public service, I hereby promulgate the following order with the object of eliminating and preventing tuberculosis among the employees of the city of Boston:

It shall be the duty of the head of each department to transmit to all employees under his control the accompanying rules and information to prevent the spread of tuberculosis and to

require the display of these rules in such manner and in such number as is necessary to carry out their intent.

It is hereby required of each department to ascertain from time to time the names of persons in service in said department afflicted with tuberculosis, and to present to them the printed rules for their observance.

The non-observance of said rules shall, in the discretion of the head of the department, be considered a just cause for separation from the service.

Whenever there is a doubt with regard to any person in the city service as to whether said person is afflicted with pulmonary tuberculosis, an order shall be issued by the head of the department for said person to present himself (or herself) at one of the city hospitals for examination, and to present the department a certificate from the superintendent or other authorized officer of the said hospital showing the result of said examination.

The board of health is hereby directed to cause a thorough sanitary inspection of the public buildings and workshops under the various city departments; and said Board is authorized to detail from its respective medical services a sanitary board, or boards, for this purpose. The sanitary board thus appointed shall report upon:

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ports to the board of health, and said board of health shall transmit a full report with recommendations to the mayor.

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TO PREVENT SPREAD OF TUBERCULOSIS IN BUILDINGS AND OFFICES.

1. All employees of the city of Boston are positively forbidden to spit upon the floors.

2. Rooms, hallways, corridors and lavatories shall be freely aired and effectually cleaned at least once a day, and not during working hours.

3. Spittoons shall receive a daily cleansing with very hot water, and when placed ready for use must contain a small quantity of water.

4. Dust must be removed as completely as possible by means of dampened cloths or mops. It should never be needlessly stirred up by a broom or duster, as this practice only spreads the rust and germs.

5. Floors of tiling, brick or stone must be frequently scoured with soap and water.

6. The senior clerks in charge of workrooms shall take measures to secure during working hours the admission of as much fresh air and sunshine as the conditions will permit.

7. The use of individual drinking glasses is recommended.

8. Persons in employ of the city of Boston who suffer from pulmonary tuberculosis shall be separated when possible from others while at work, and they should be cautioned to use telephones only when necessary.

9. Such persons will not be permitted to use the public spittoons, but must

provide themselves with individual sputum receivers preferably of easily destructible material, and carry these with them on arrival and departure. They will be held strictly responsible for the disposal and destruction of their own sputum, so that no other person's health may be endangered therefrom.

10. Such persons must provide their own drinking glasses, soap and towels, and shall not use those provided for the general use.

11. Plainly printed notices, reading as follows: "Do not spit on the floor, to do so may spread disease," shall be prominently posted in rooms, hallways, corridors and lavatories of public buildings.—*Albany Medical Annual*.

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M. Sig.: Take three to five grains dry on the tongue every hour. (*Medical News*.)—*Monthly Cyclopaedia*.

The Symptoms and Diagnosis of Syphilitic and Gonorrheal Affections of the Joints, Medical Record.—Dr Reginald H. Sayre of New York said that in all probability many syphilitic joints were not recognized as such, being mistaken for tuberculosis, rickets, scurvy, and other diseases. He described the different varieties of lesions found in

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hereditary and acquired syphilis. As aids in diagnosis there was the presence of discharge and there was a history of present or prior attacks shortly antedating occurrence of joint symptoms. He told of microscopical examination of fluid from the joint. The administration of antisiphilitic treatment which was followed by a cure did not

mean the patient was syphilitic; many cases might get well in spite of, as well as in consequence of, treatment when not syphilitic. Gonorrheal synovitis might be primary or secondary. The spine might be the seat of gonorrheal inflammation. Such cases might be diagnosed and even cured by injections of antigonorrheal serum.

The Income of the Practising Physician.

The fact has been evident for some time in Great Britain that the earnings of the medical practitioner have been exhibiting a progressive decrease. This diminution of income has not unnaturally aroused certain members of the medical profession, who both in medical and in lay journals have somewhat clamorously advertised this unfortunate state of affairs. Some two months ago one of the leading newspapers of London devoted a considerable amount of space in its correspondence columns to a discussion of the situation, and medical practitioners from all parts of the country entered with apparent zest into the task of bemoaning their lot and of considering the reasons for the evil complained of. It was agreed on all hands that hospital abuse was an important factor in the lessening of the doctor's gains, and that there was no prospect of matters becoming better in this respect. All large hospitals in Great Britain are free and many sick persons avail themselves of the benefits of such in situations who can well afford to pay a medical man. Another fruitful cause of diminished income is the multiplication of medical clubs in Great Britain; the competition among physicians is so acute that clubs are now taken at an absurdly low rate, four shillings (one dollar) per capita for men, women, and children per year be an ordinary fee. Prescribing by druggists is another means whereby, it is stated, physicians in England are frequently mulcted of their just dues.

In America hospital and dispensary abuse is as flagrant and as prevalent, perhaps, as in Great Britain, although, owing to the different conditions ex-

isting, it is not exhibited in the same way. Club practice has not as yet obtained the hold in America that it has gained in Great Britain, but signs are plentiful that the methods are taking root and becoming more and more popular. Of course prescribing by druggists has always been largely in vogue in this country and a source of very considerable loss to the medical practitioner. By some physicians in England it is proposed to put down this custom by the strong hand of the law, but exactly how this is to be brought about it is difficult to understand.

Competition is more severe among American physicians than among British practitioners, but on the other hand medical fees here are on the whole far higher. While allowing that members of the medical profession are as a rule underpaid, it may be pointed out that two potent reasons for the diminution of income are usually overlooked. These are the decrease in morbidity and the greatly improved methods of treatment of the present day. Hygiene and sanitation have abolished many of the great epidemics of disease which in times past were wont to bring much grist to the doctor's mill, while the introduction of new and more scientific modes of treatment have to a great extent curtailed the duration of the disease and have in a corresponding degree reduced the doctor's income.—*Medical Record*.

Some More Views on Alcohol.

The recent meeting of the British Medical Association in Toronto afforded an opportunity for certain well-known members of the profession to express in public their views as to the actual value of alcohol. As has been

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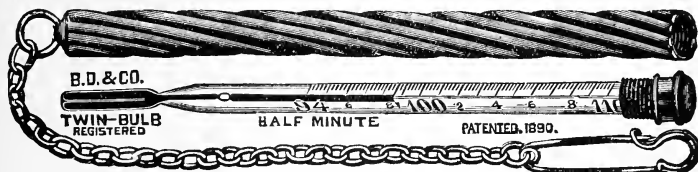
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so constantly the case in studying the value of this drug, some confusion existed as to the exact scope of the discussion. On the one hand there were those who enunciated the fact, which no physician of experience can deny, that alcohol as a beverage has produced an amount of misery which is far beyond computation. Perhaps the leading advocate of this statement was no less a person than Sir Victor Horsley, who spoke at a luncheon of the Canadian Temperance Union. We are not quite sure of the aims of the Canadian Temperance Union. If the aim is to be "temperate" in the employment of alcohol, either as a beverage or as a drug, we think that most members of the medical profession would be quite willing to become members of this organization. But if the word "temperance" is used in this instance not in its true meaning, but in the meaning which is given it by the Prohibitionists, we believe that a majority of the medical profession could not subscribe to its tenets. Sir Victor not only condemned alcohol because it has become the curse of modern civilization, but could see very little usefulness in the drug in the treatment of disease, and he scored its employment in the treatment of shock, in which opinion he is probably correct. So, too, Sims Woodhead expressed the belief that alcohol had very little value as a remedial agent, and while not prepared apparently to condemn alcohol as a drug, the gist of his remarks was antagonistic to its employment.

It is interesting to note that both of these speakers, although eminent in the ranks of medical science, are not engaged in those lines of practice which would give them opportunities for determining the value of this drug, and we believe that it is only by large clin-

ical opportunity that the physician is enabled to reach accurate conclusions in regard to its usefulness. As opposed to these somewhat theoretical partakes in the discussion we find that Dr. Blackwelder, the Professor of Therapeutics in McGill University, while believing that the value of alcohol as a stimulant to the heart has been overrated, nevertheless believes that the drug does increase the bactericidal properties of the blood, and that its proper administration enables a patient suffering from infectious disease to combat his infection. Furthermore, Dr. Blackwelder thought that alcohol possessed a distinct food value, and that used in conditions of exhaustion it added force to the body. In this opinion he was strongly indorsed by Dr. Meltzer, of New York, who asserted that those who opposed the use of alcohol in the treatment of infectious diseases based their opinion more largely upon statistics than upon practical experience. He enunciated a view, which we have already expressed in these columns, to the effect that the employment of alcohol in health is an entirely different proposition from its employment in disease, stating that in health it may be poison, but in disease it is beneficial.

If the ethical and economical questions concerning the employment of alcohol as a beverage were entirely divorced from the therapeutic question of its employment as a remedy, there would be less confusion in the minds of the laity and of the profession than exists at the present day. At times the ethical problems cross the lines of the therapeutic problems, and when this is the case it is the duty of the physician to remember that there are two sides to the matter. Personally, we are firmly convinced that in many diseased

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Cesarean Section Performed by a Cow.

W. B. Morse, M. D., Salem, Oregon.

[We recently received a newspaper clipping giving an account of a pregnant woman being gored by a cow, the abdominal walls and the uterus being lacerated so that the child was born. We wrote to Dr. Morse about the matter and he states that the newspaper account was correct. His report follows.—Ed.]

Mrs. W. E., aged 31, pregnant at full term with her third child, was standing in the road about 60 feet from the house, watching her husband unload hay from a wagon. A vicious two-year old heifer charged her and inserted a very sharp horn into the abdomen near the anterior superior spinous process of the ilium. It penetrated the abdominal wall, uterus and membranes, but escaped the child. The point of the horn then emerged again just to one side and below the umbilicus. The result was two transverse rents, the upper one about 5 inches long and the other clear

across the abdomen. The child was delivered through the larger opening and fell to the road, where it was picked up by the father. I made an eight-mile trip and arrived about 20 minutes after the mother's death from hemorrhage. The uterus was outside the body, torn clear across and inverted, with after-birth and membranes, still attached. The child is still alive and doing well. I have found histories of several similar cases in Gould and Pyle's work on medical curiosities.—*Jour. A. M. A.*

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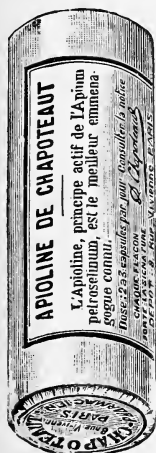
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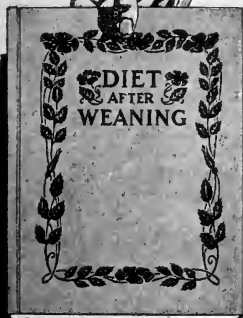
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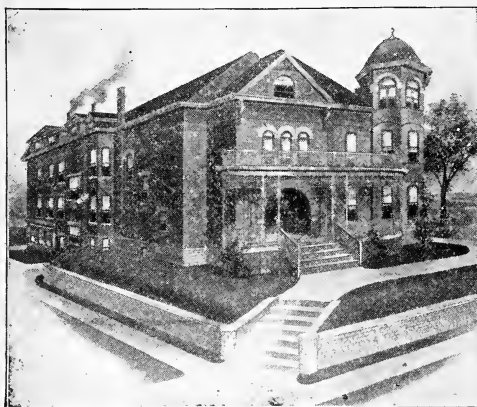
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ORIGINAL COMMUNICATIONS.

Acute Frontal Sinusitis.

(By Clifton M. Miller, M. D., Richmond, Va.; Laryngologist and Rhinologist to Memorial Hospital; Professor of Diseases of the Nose and Throat, the Medical College of Virginia.

The nasal accessory sinuses have occupied so much of the attention of the rhinologist in the past few years, and a knowledge of the diseases to be found in them is of such paramount importance that the presentation of this paper seems to need no apology.

The frontal sinuses, two in number, are located above the root of the nose between the two tables of the frontal bone. They communicate with the middle meatus of the nose by means of the naso-frontal duct which opens above into the lowest part of the floor of the sinus and below into anterior extremity of the hiatus semilunaris, and it is by

means of the latter channel that the fluid, draining from the frontal sinus, can be, and frequently is, conducted directly to the antrum of Highmore.

There are two distinct varieties of the sinus, the small and the large (1), between which two the variation is great. The dimensions of an average size sinus are, height 1 1-4 inch from the lower end of the frontomaxillary suture vertically upwards; breadth 1 inch from the mesial septum horizontally outwards; depth, 3-4 inch from the anterior wall backwards along the orbital roof (2).

The small sinus may be so small as to seem but a recess; and the large may extend upward on the forehead for a distance of two or more inches, backward as far as the optic foramen, and be limited externally by the temporal fossa. The two sinuses are divided from each other by a bony septum which is rarely perforated except as a

result of pathological conditions. This septum may be greatly deviated to one side or the other above, but is usually mesially placed below. The anterior or frontal wall of the sinus is the thickest; this wall is entirely subcutaneous. The inferior, or naso-orbital wall is the thinnest; hence, abscess usually points on this wall at the superior internal angle of the orbit. The cavities of the sinus are often subdivided by more or less complete bony septa which may form pockets for the retention of pus even after the sinus has been opened. The mucous membrane lining the nasal accessory sinuses resembles that of the respiratory region of the nose, being distinguished from this latter chiefly by marked reduction in thickness and meagerness of gland supply (3).

The veins and arteries are tributary principally to the sphenopalatine vein and artery respectively. The nerves are derived from the nasal branch of the trifacial, and to this we owe the intense pain which pressure within this sinus will cause.

The sinuses are larger in men than in women, and almost absent in some negro races. Their development begins about the seventh year and is completed between the 20th and 25th years of life. Roughly speaking, the size of the sinus may be estimated by the prominence of the superciliary ridges (1). They are absent on one side in 25 per cent. of cases, and on both sides in 15 per cent. (4).

Transillumination may give aid in determining the size of the sinus, but where the cavity is filled with pus, this method will be useless as the shadow produced by a pus-filled sinus is identical with that caused by absence of this cavity.

Injuries to the anterior wall of the frontal sinus may cause marked depression of the forehead, but such will be unaccompanied by any symptoms of cerebral pressure. Injuries in this region by darts and spears gave the ancients familiarity with the existence of a sinus in the forehead, and an old manuscript gives a discerning method of making a prognosis by saying, "If from a wound in the forehead blood and air emerges, the wound will not be fatal; but if no air emerges the wound will probably be fatal" (5). Wounds, here, may be accompanied by marked emphysemas as a result of the connection with the nose, and by holding the nose and blowing, a stream of air can be forced out of the opening made by a penetrating injury.

Acute inflammation of the frontal sinus may be either catarrhal or purulent in character. the former accompanying an acute coryza and adding to its discomfort by causing pain in the eyes and over the brows, together with an increase of the mucous flow. This inflammation may, and usually does subside with the subsidence of the coryza, but it may become purulent.

Acute purulent disease of the frontal sinus, in my experience, has been more often a sequela of $\frac{1}{2}$ grippe than any other of the numerous causes; but it may follow an acute coryza of any kind, and any obstruction to the normal drainage through the frontonasal duct is a strong predisposing factor.

The symptoms are both subjective and objective; some of them might be classed in both of these groups. Pain or neuralgia is the symptom which is most frequently responsible for the patient's seeking relief at the hands of the doctor; and usually, by the time

such a patient comes to the consulting room of the rhinologist his state is indeed pitiable, he having suffered for several days and taken all sorts of remedies to obtain even partial relief from his neuralgia, until his nervous system is a wreck from the combined effects of pain and pain-killer. The pain is most intense in the supraorbital region, but may radiate thence to the back of the eye, temporal region, vertex or occiput. In a recent case of mine, the patient said that the whole side of his nose hurt. Percussion on the forehead over the inflamed sinus is always painful; upward pressure in the superior internal angle of the orbit against the floor of the sinus causes the most marked pain, and at this point, bulging of the floor of the sinus is not infrequently to be found. It has been claimed that percussion over the diseased frontal sinus can quite accurately determine its outlines (6).

The pain is usually in paroxysms lasting from a few minutes to an hour, generally worse when first waking and increased by bending forward or blowing the nose; but between the paroxysms there is very seldom complete cessation of pain. A throbbing in the forehead is frequently complained of.

Blocking up of the nasal passages by the swollen and congested mucous membrane prevents nasal respiration on the affected side. Discharge from the anterior naris or into the pharynx is profuse, and the frequent use of the handkerchief may produce an eczema of the naris as a result of the mechanical irritation of a region whose epithelium is macerated by the discharge which later serves to infect the unprotected area. The discharge is, at first, thick,

whitish mucous, but, later, becomes yellowish remaining tenacious.

Anosmia is produced by interference with the inspiratory air current; but this symptom and those of nasal obstruction and discharge are found in all cases of acute coryza, and do not, of themselves, justify the diagnosis of frontal sinus disease.

The eye-lid of the corresponding side may be red and edematous. If there is marked bulging of the floor of the sinus, diplopia will be produced by the downward and outward displacement of the eye.

Upon rhinoscopic examination, the nasal mucous membrane on the affected side will be found red and congested, the consequent swelling causing obstruction of the nasofrontal duct. The middle meatus will be found filled with pus or mucous which should be wiped away and a careful observation made as to the exact location of its reappearance. Reappearance in the middle meatus between the outer surface of the middle turbinate and the external lateral wall of the nasal cavity indicate that it is located in the frontal sinus, anterior ethmoid cells or antrum of Highmore. In a case that I had a short time ago, there was no sign of pus present until the mucous membrane had been thoroughly shrunk with cocaine and adrenalin chloride solution which allowed the passage of a small amount into the middle meatus. Upon transillumination of the sinuses, the diseased will give a shadow in marked contrast to the bright area over the unaffected side. Great care should be exercised in the use of transillumination, and the absence of a shadow over the suspected sinus must not lead us to the conclusion that our interpretation

of the other symptoms has been erroneous. I have had a case which, when first presenting himself, gave all the classical symptoms of frontal disease except a dark area over the affected side; but, later, when the pus had become thicker and less translucent, this symptom was also found. No single symptom is sufficient for us to base our diagnosis upon but a careful study of every aspect of the case should be made.

The treatment of these cases must be both constitutional and local. The constitutional should consist of rest in the house, preferably in bed; a thorough emptying of the alimentary canal with a mercurial, followed by a saline; the diet must be light. Quinine, salol and aspirin have been of much service, the last having always seemed to me to be the most efficient; belladonna or atropine may be used with much benefit in some cases. All of these remedies could be used for their physiological effect rather than be bound by any hard and fast rules as laid down in textbooks. I do not favor the administration of morphine or opium unless absolutely necessary to control the pain, and the coal-tar group has not, in my hands, proved efficacious in stopping the suffering of these patients.

Hot applications to the forehead usually afford much relief, and are better borne than cold, though the latter sometimes prove of more service.

Our treatment of the interior of the nose should be directed toward the promoting of drainage from the sinus and thus relieving the pressure. The nose should be thoroughly cleansed by an alkaline spray or douche used warm, then the congested tissues contracted by a spray of adrenalin chloride, 1.10.-

000, which may be given to the patient to use every two or three hours. If within 24 or 36 hours, marked subsidence of pain and cessation of symptoms are not attained by this conservative treatment, the anterior end of the middle turbinate should be removed with forceps and cold wire snare. By this latter procedure, we lose no time, for it should be done as preliminary to opening the sinus from the forehead, and frequently renders this operation unnecessary.

Attacking the sinus through its anterior or inferior wall becomes imperative when the less radical methods mentioned prove insufficient for proper drainage. When this is done, enough of the wall must be removed to allow a thorough examination of the cavity and an enlargement of the nasofrontal duct to an extent sufficient for free drainage into the nose. This operation must not be delayed too long for continued pressure may cause rupture through the floor into the orbit, or erosion of the posterior wall of the sinus against which the frontal lobe of the brain rests, with consequent purulent meningitis (7) or brain abscess.

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- Kuhnt quoted by (7).
 Corkley: Annals Otology, Rhinology and Laryngology, XIV-3.
 114 East Grace Street.

Therapeutic and Food Value of Breast Milk.

(By St. Geo. T. Grinnan, M. D., Richmond, Va. Instructor in Diseases of Children and Principles of Surgery, Medical College of Virginia.)

Victor Vaughn has remarked that "It is a proper or an improper nutriment which makes or mars the perfection of the coming generations."

Scientists have pointed out that racial decadence so constantly follows the financial prosperity of a race. The rise and fall of the Roman Empire; the decadence in France; the decadence of the upper class in Russia and the decadence in England should make us take warning.

A commission appointed by the English Government to investigate the cause of the English reverses in South Africa in the Boer War summed up, among other causes, the errors in diet during the infant and adult life of the English soldiers.

One-half of any text-book on the subject of Pediatrics is taken up with the diseases indirectly caused by inadequate nursing or lack of breast milk. Such diseases as acute inanition, malnutrition, marasmus, scurvy, rickets, colic and the various disorders of the infant's digestion, including entero-colitis, are almost always due to the lack of breast milk.

The work of the past fifteen years has made it possible to give an infant an artificial food, which, as far as the experiments in the test tube, is nearly, if not quite as digestible as human milk.

"Mortality records show that infants seldom die on account of their inability

to digest a properly modified cow's milk. They die on an exclusive artificial diet, because they have disturbance of assimilation (infantile atrophy), and they cannot resist bacterial infection." (Francis P. Denny, J. A. M., Dec. 8, 1906).

Breast milk has a much wider function than is generally recognized. Breast milk has not only the power of aiding in the assimilation of food, but also the power of increasing the resistance of the infant to infection. The blood of nursing infants attains quite a germicidal property owing to the absorption of antibodies transmitted from the mother. Escherich (Wien. Klin. Wochenschrift, Vol. XIII, 1900, p. 1083) points out that ferment-like bodies of the internal secretions are taken out of the blood by the mammary gland and are absorbed with the food by the infant; and thus passing into the body fluids, aid metabolism and make good the deficiency of these ferments in the infant.

Wentworth points out that human milk contains special ferments that stimulate the activity of the digestive glands.

The value of human milk in infantile atrophy is gaining general recognition. Escherich pointed out the fact that infantile atrophy is a disturbance intermediary metabolism, and is caused by a deficiency of those ferments which regulate and control nutrition and growth of the tissues, and which are the products of the so-called ductless glands.

Experiments made by Moro (Wien. Klin. Woch., Vol. XIV, 1901, p. 1073) as to the bactericidal power of infant's blood are of great value:

Read before the Richmond Academy of Medicine and Surgery, January 8, 1907.

	Percent. Bacteria
Maternal blood killed.....	58.9
Blood of older children killed....	46.3
Blood of artificially fed infants killed	33.4
Blood of breast-fed infants killed..	77.0

Moro then shows the difference between the bactericidal property of infant's blood while nursing and after weaning: Infant's blood, after being nursed two weeks, killed 72.9 per cent.; the same infant, two weeks after weaning, killed 40.7 per cent. Moro found that even in weak and delicate breast-fed infants who were not doing well, the blood showed greater germicidal properties than in the most flourishing and healthy bottle-fed babies.

The alexin, which destroy bacteria in the body, are destroyed by a temperature of 131 degrees F. They are almost certainly of the nature of ferments. The alexin have not been demonstrated in the milk, and the milk itself has practically no bactericidal power. The probable reason for not being able to discover the alexin, or complements of Erlich, is that they are combined with the casein molecules in such a way that their presence has not been demonstrated.

Various theories have been suggested to show why the alexins are not bactericidal when taken into the body. The albumin of cow's milk being of a different nature from the albumin of woman's milk has to be transformed by the action of ferments in the intestinal wall. The soluble albumin of woman's milk can pass unchanged from the intestinal canal into the circulation of the infant, as explained by Wasserman—The alexins act in the circulation.

The work of Dr. John F. Anderson (Hygienic Laboratory Bulletin No. 30,

Public Health and Marine Service of the U. S.) is of great value and interest. He has continued the work begun by Ehrlich and proved the maternal transmission of immunity to diphtheria. Dr. Anderson found that young pigs from immune mothers should not be used for the purpose of determining the absence of bacterial contamination in the serum, the pigs from such immune mothers being immune to contamination. Dr. Anderson proved positively that the milk was the vehicle by which the suckling organism received its antitoxin. He also showed that the degree of immunity depended on the length of the time the suckling received its mother's milk.

In experiments with tetanus immune guinea pigs and mice the same results were obtained in entire concord with the previous results of Ehrlich. In no case was the transmission of immunity through the male.

Klemperer found in eggs of tetanus-immune hens tetanus antitoxine in the yolk. Not in the white.

Kitt injected hens with eggs derived from chicken-cholera-immune hens and obtained immunity.

We are thus brought to see that human milk is not only a food, but it is of great therapeutic value.

Experiments made at the Massachusetts Infant Asylum showed that breast milk given two or three times daily in conjunction with other feeding was of very great benefit in lessening the secondary infection.

The plan tried at the Massachusetts Infant Asylum is as follows: A wet nurse, a poor mother, was engaged, provided she continued to nurse her own child. She came to the hospital three times daily. She nursed two

babies each time she came. The babies were weighed before and after nursing and the woman was paid for her milk by the ounce.

The poor mother is frequently compelled to wean her own baby in order that she may go to work. By going to the hospital the mother can earn sufficient money to give up other work and she can also nurse her own child.

Breast milk is to the Infants' Hospital what aseptic antiseptic methods are to the operating room.

Heubner pointed out that the high death rate in infants hospitals resulted from the fact that infants who recovered from diseases for which they entered were stricken down with some infectious disease or infectious processes.

Holt continually points out the high mortality of infant hospitals. Schlossmann has shown that the alternate feeding of breast milk in the Infant Hospital at Dresden has reduced the mortality to 25.6 per cent. against 58.5 at Charite, where no breast milk is given.

Surely physicians should be very careful in allowing children to be weaned. Mothers should be fully advised as to the advantages of breast milk. We should be careful about taking infants to hospitals and subjecting them to infection and not providing any breast milk.

Small quantities of breast milk produce good results, and prevent infection. We should therefore provide three or four ounces of breast milk daily for each hospital infant where it is possible.

The most prominent example before us now as pointed out by M. Reiny in his notes on Japan, is the vitality of the Japanese children. In Japan the women have a remarkable abundance of milk and give no other food during the first year.

In regard to infant mortality, let us hope that in the future we shall no longer agree with Sir Thomas Browne who said: "For the world I count it not an inn, but an hospital, and a place not to live, but to die in."

SELECTED PAPERS.

Hydrotherapy.

(By J. C. Walton, M. D., Chase City, Va.)

I have decided to make a few practical remarks on *Water* — the most abundant and important of all the elements, constituting about three-fourths of the surface of the earth and about that proportion of the human organism — an element that can be obtained freely in the humblest cabin, without money and without price, and requiring only a modicum of gray matter to intelligently utilize.

I shall briefly refer to my own experience in this line of work, having long been a believer in physio-therapy. In 1902 I introduced a resolution before the North Carolina State Board of Medical Examiners requesting medical colleges to add to their regular curricula a chair on physical therapeutics.

Of the different physical agents — hydrotherapy, electrotherapy, thermotherapy, mechanical vibration and massage, each of which is exceedingly useful and has its well-defined and distinct indications — if I were compelled to limit myself to one of them I would un-

Read by invitation before the South Piedmont Medical Society at Danville, Va., January 15, 1907.

hesitatingly choose *hydrotherapy* as being most generally applicable to the greatest variety of diseased conditions.

The short time at my disposal will allow me only to allude briefly to a few of the many important practical applications of hydrotherapy. I regret that space will not allow a full discussion of this most important branch of therapeutics from a physiological and scientific standpoint.

It is to be regretted that the charlatan and the quack have this field, owing to the unwillingness of the profession to accord to it the recognition it so justly merits, and to apply to its application the same rules of precision and accuracy that they do to other branches of medicine, for hydrotherapy, like other medicinal agents, should be used intelligently, with the greatest care and precision and minutest attention to every detail.

Hydrotherapy includes the application of water in any form, from the solid and fluid to vapor—from ice to steam; externally and internally. Unfortunately, hydrotherapy is, in the lay mind, always associated with cold applications, and a prejudice or fear is engendered of taking cold, rheumatism, etc. The use of hot water as an aseptic in surgery, as a resolvent in gynecology and surgery, in gastro-intestinal and catarrhal diseases, meningitis, rheumatism, etc. has shown it to be as useful a therapeutic agent as cold water.

Water is the most flexible of all known remedial agents, and when we reflect that it can be used at temperatures ranging from 40 to 120 degrees F., and that a change of five degrees in temperature makes a marked difference in its effect, it is apparent that

an enormous latitude is offered us in grading its effects on the human system.

The effects of water are due chiefly to its thermic and mechanical action and its irritating effect on the neuro-vascular cutaneous system. We have three methods of using it—changing the temperature, the pressure and the duration of application. When water is given under a pressure of from 10 to 30 pounds, its effects are very much enhanced and the reaction is very much more prompt and decided. Duration is also very important. Dip one hand into water of 40 degrees for a minute, remove and dry it and the skin becomes warm and red and feels pleasant. Dip the other hand into the same water for *three* minutes, remove and dry it, and the skin is cyanotic and the hand painful and sometimes elapses before warmth and comfort are restored. An important point is to avoid the effects of sudden shock, or too rapid changes from heat to cold. These changes should be very gradual and attendants should see that good and prompt reaction is always obtained.

In neurasthenia, anemias, tuberculosis, chronic malaria and a great variety of chronic diseases, a good, simple home method is to stand patient in a vessel of water at 100 degrees F., twelve inches deep and rapidly wash him with water at 85 degrees. Reduce daily one degree until down to 60. As soon as the skin becomes fairly red less friction should be used, as the object is to train the organism to produce its own reaction.

The dripping sheet is the next step in this neuro-vascular training. With patient standing in a vessel of water at 100 degrees, a linen sheet, dipped in

water at 75 degrees, is thrown, dripping, around him, enveloping his entire body. The attendant slaps and rubs him vigorously on the outside of the sheet; and on the parts that are reacting well, throws basins of water at 65 degrees, two or three times, still continuing the slapping and rubbing. Shiverings must be avoided. The parts are then rapidly dried and rubbed until good reaction ensues.

One of the simplest and most useful of hydiatic applications is the cold compress. To make a compress take two to four folds of old linen (cotton does not absorb nor retain moisture well), measured to the size and shape, so as to conform to the part to be treated. The compress is then wrung out of water at the proper temperature and is covered with a piece of flannel an inch larger in every direction. The linen, covered by the flannel, is snugly fitted to the parts. For changing, two sets of linen bandages and flannels should be provided.

I will briefly describe how to make chest compresses, as they are superior to all other applications in pneumonia and all other inflammatory diseases of the chest: Cut three folds of linen of a size to fit the entire chest, from the clavicles to the umbilicus, with slips to fit in the axillae, so as to reach above the clavicles and cover the shoulders. One of the linen compresses is rolled up and soaked in water at 60 degrees; is then wrung out and laid on the flannel bandage and applied close to the chest. This is covered with a flannel and secured by safety pins on the order of the silk jacket. Change the compress every half hour until the temperature is below 100 degrees, when it should be discontinued. The water in

the basin should be renewed each time, and the compress rinsed off in another basin before it is rolled up, to insure cleanliness and to prevent furuncles by favoring asepsis. Ordinarily, a temperature of 60 degrees is used.

In cases of stupor or delirium a still lower temperature is used and a dash of cold water is thrown on the parts before the renewal of each compress. In cases of nervousness, excitability and insomnia a higher temperature than 60 should be used. When the cold or stimulating compress produces chilliness and the patient does not warm up readily, it is well to apply cold water with friction before using the compress. The throat compress is a very useful application in tonsillitis and pharyngeal inflammation. The Neptune girdle or abdominal compress is indicated in typhoid fever, gastritis, enterocolitis, appendicitis, peritonitis, etc.

As an antiphlogistic application in the early stages of congestion, cold compresses are indicated as long as the circulation is active and the color good. When, however, the parts assume a cyanotic hue and leucocytosis has taken place, then change to warm compresses to hasten suppuration, which is then unavoidable. The cold compress diminishes congestion, retards leucocytosis and emigration of the white cells, while the warm compress has just the opposite effect.

Having briefly described some simple home remedies which every doctor can utilize, I will merely allude to the best institutional methods for the application of the water treatment. A properly constructed douche room, fitted up with a Richter or Baruch apparatus, with a douche table so construct-

ed as to give water at any temperature or pressure desired, and with additional apartments for dressing and massage rooms—with this equipment any and every kind of water treatment can be given, and it is absolutely surprising what results can be obtained in the whole domain of pathology. The effects being tonic, alterative and eliminative, an ideal remedy is given when intelligently used, and as far ahead of ordinary drug medication as an incandescent light is of a tallow candle. The perineal douche for hemorrhoids and prostatic troubles, and the Nauheim baths, the most efficient of all known treatment for heart diseases, especially in old and intractable cases, are frequently potential after all other known remedies have failed.

In connection with the perineal douche, let me call attention to the Bidet, which can be conveniently attached to a water closet seat. It should have a nozzle calibre of the size of a lead pencil, and a sufficient force of water to excite a sensation of tingling or smarting. It can also be used as a rectal or vaginal injection. The Bidet should be movable by means of a handle so that the stream can be directed against any portion of the external genitals, the perineum, anus or surrounding parts, indicated in any inflammatory disease of the lower bowel and its outlet, and of the genito-urinary system. Among the first are internal and external hemorrhoids, prolapsus ani and recti, and eczema of the margins of the anus. It should be used twice daily—once immediately after stool and again immediately before retiring at night. Hemorrhoids will frequently disappear after this treatment. Agnew would never operate for piles

until he had first tried the Bidet. In prostatic troubles varicocele and atonic impotence in the male and vulvar pruritus or vaginitis in the female, Dr. J. William White prefers this method to all others, and says: that if he had to discard all other therapeutic methods but one, in these cases, he would retain this one.

Entero-clysis, or washing out the bowel by means of large and slowly injected clysters, medicating or cleansing the bowels, and for the treatment of shock, is one of the most valuable therapeutic measures we possess. Cantani's method in choleraic diarrhoea consists in the slow irrigation of the large and small bowel by the fountain syringe, using a solution of tannic acid, one to five drachms to two quarts of water and half ounce of wine of opium. Cantani considers that the passage of the ileo-cecal valve is essential to the success of his method. He has shown that 1 per cent. injections (at 98 degrees) of tannic acid inhibits the growth of intestinal germs in one and a half hours. He also asserts that tannic acid neutralizes the toxins formed by these micro-organisms, contracts the leaking blood vessels, stops the growth of the bacilli, prevents absorption of toxins, stimulates the nervous system and prevents collapse.

Irrigations with a double tube for dysentery is very valuable. They should be continued until the water flows clear from the outflow tube.

In cases of intestinal obstruction, the intussusception is generally at the ileo-cecal valve or the sigmoid flexure. Start with a low pressure, just a trickle, so as to accustom the bowels to the pressure, as the object is to inject a large quantity of water. The

question of the temperature of the injection is important. Hare and Martin found that water at 65 degrees F., lowered the temperature of the body heat three degrees in thirty minutes; they also found that water at too high a temperature caused heat stroke, and recommended a temperature of 101 to 103 of saline solution.

Dr. Pyncheon reports a case of intestinal obstruction successfully treated by continued irrigation in a girl of 14, who had not had an alvine evacuation for three days, and had been eating cheese, crackers, oranges and grapes and swallowing the seeds of the grapes and also chewing gum. The patient was anesthetized and suspended head downwards over a chair. A fountain syringe was filled with water at 140 degrees and raised to the ceiling with a fall of thirty feet, for an adult, as indicated by the experiments of W. E. Forest, who found that the intestine of the adult would stand a pressure of fifteen pounds to the square inch, while in the case of a small child the maximum pressure was nine pounds—the pressure from a column of water being one pound to each two and a half feet.

The effect of the water was augmented by forcible abdominal massage, and two and a half gallons of water were thus driven into the intestine, when there was a violent gushing of water from the patient's mouth, about a gallon escaping in this way. The procedure was then stopped and when the patient was sufficiently recovered from the anesthetic to be placed on a slop jar another gallon escaped per rectum. The girl recovered and had a normal stool on the second day.

That great American clinician, Austin Flint, in 1877 spoke of pneumonia

as pneumonic fever, and pointed out its analogy to typhoid fever. Their most striking similarity is that the chief point of attack in both diseases is upon the nervous system and the resulting toxins, and the great desideratum in the management of the pneumonic patients is to enhance the resisting capacity and increase the elimination of toxins. This is done most effectively by the judicious use of hydrotherapy along the lines indicated in the treatment of typhoid fever.

Numerous experiments by Winternitz, Baruch, Thayer and others by making a blood examination before and after cold applications have invariably found a large increase in the white and red cells and in the hemoglobin. This increase generally remained permanent, and occurred in all cases after cold applications, involving the entire body, with an increase in the blood pressure. Whether this blood increase is due to the improved circulation and the overcoming of conditions of stasis, thus equalizing the circulation and driving out the leucocytes in increased numbers into the blood current from the spleen, liver and bone marrow; or whether there is an increased blood formation from the improved metabolism, the clinical fact is strikingly manifest in the relief of anemia and other conditions of lowered vitality and the increase in the cellular elements of the blood—the oxygen and carbonic acid carriers.

Effect Upon Respiration. — It has been shown that a water application below or above the body temperature acts as a thermic irritant, and the respiratory center is the one most easily affected by nervous impulses. Weak stimuli augment the action of the vagus and strong stimuli inhibit it. This

influence is peculiarly shown in the resuscitation of the newly born, by the use of hot or cold water to the skin.

Exposure of the naked body to cold produces a decided increase of oxygen consumption, as does the use of cold water upon the body, and also increases carbonic acid excretion. After the cold bath or douche, if reaction is good, respiration becomes much deeper and more air enters the lungs. For this reason, all cold hydropathic applications should be followed by moderate exercise in fresh air, as one of the main objects is to increase oxidation.

Brand and Baruch have shown that, in typhoid fever, it is the toxemia that kills, and the patient's resisting capacity must be enhanced so as to enable him to overcome this toxemia, especially the damage to his nervous and circulating centers. Brand demonstrated long ago that the cold bath was not valuable because of its antithermic effect, but by sustaining a crippled nervous system; and, when properly used, is a prophylactic against all the lethal conditions which exist in typhoid fever. Brand taught us the fatal fallacy of treating temperature by the bath or otherwise, and also taught us the inestimable value of friction during the bath.

The bath can be used as a means of differential diagnosis in typhoid fever and pneumonia. In *pneumonia* the temperature is reduced promptly several degrees, while in *typhoid fever* it is reduced, but not so markedly. Experiments have demonstrated most conclusively that its good effects are due to the stimulating and tonic effects on the nerve centers, and not to its effects on the temperature. In other words, he has shown that tonic baths prevent

lethal complications by reason of their sustaining effects upon the central nervous and circulating systems.

They advise the use of the cold bath, ablutions or affusions, and there is no question that the mortality in typhoid fever has been reduced to nearly zero by this method of treatment. "It is an erroneous habit of the physician to trust entirely to experience in accepting a therapeutic agent. Hippocrates has said, 'Art is long, life is short, experience fallacious.' The Dark Age of medicine was the time when experience alone was the guide to practice. The brilliant achievements of modern medicine are coeval with the rise and progress of enlightened pathology, and a therapeutics based upon the latter and upon a correct rationale of the action of the remedies applied."—Baruch.—*Virginia Med. Monthly*.

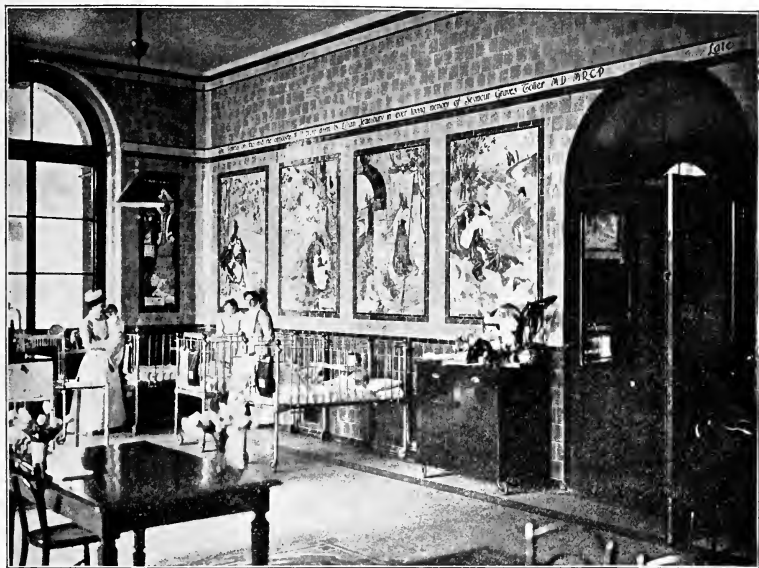
The Children's Ward.

C. J. Fox, Ph. D., Washington, D. C.

In the interior construction of our hospital wards and operating rooms the aseptic floor and walls, things absolutely essential from a sanitary point of view, have been sought after so earnestly that the hospital architect seems to have come to the conclusion that when once he has obtained a substantial germ proof floor and walls, which will not absorb dirt and moisture, are easy to keep clean, and are not injured by the several powerful acids which are used as disinfectants, he has done everything that can be expected of him. The decorative feature of the floor and walls is something which he absolutely overlooks. Yet in the hospital above all other places the rooms should be bright and cheerfully decorated so that the life of the inmates, at best cheerless

and monotonous, may be made as happy as their surroundings will permit.

our private residences, hotels, theatres, railroad stations and other public build-



The main purpose of artistic decoration is to give pleasure to those who observe it, and why should the inmate of the hospital be deprived of this source of enjoyment and forced to lie for hours, perhaps days, and even months, staring at plain and monotonous floors and walls. The negligence of the average hospital architect in this respect is the more reprehensible as the very material which is the ideal covering for hospital floors and walls, namely tiling, lends itself to such an infinite variety of forms, shape and color that it is capable of being used for the most elaborate decorative purposes. When we compare the plain white oblong tiling, seen on the floors and walls of most of our hospitals, with the elaborate ceramic mosaic floors and beautifully tiled walls met with in many of

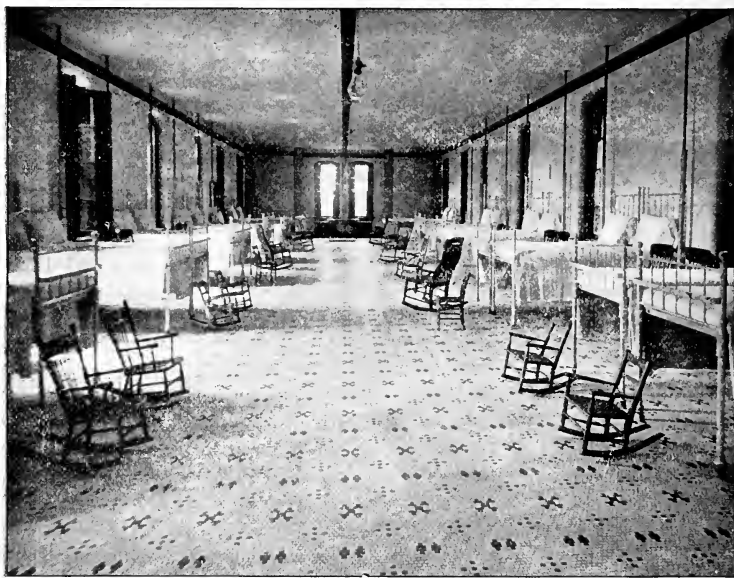
ings, we hardly realize that the two are made of the same material. This is however the fact, and the ceramic mosaic floor, and the elaborately decorated tile walls are just as durable, just as germ proof, just as easy to keep clean, just as aseptic, and almost as cheap in price as the plain white variety. As the most attractive ceramic designs can be laid out mechanically and come from the factory already put together on pasted sheets of paper their price puts them within the reach of everyone who can afford to use tiling of any kind. This is of course not true of marble mosaic work, each piece of which has to be cut and fitted by hand. Marble, however, is for numerous mechanical and chemical reasons not a good floor for a hospital.

In many English hospitals advantage

has been taken of the artistic as well as the sanitary properties of tiling. The accompanying cut illustrates a children's ward, the tiled walls of which are laid out in beautiful pictorial designs in which the little patients take the most lively interest and delight. With all the sanitary precautions of the most hygienic ward, this room has at the same time the appearance of a nursery. As the eyes of the little patient wander about the room some lively and interesting picture soon catches his attention and takes his mind from his pain and suffering. Even in this commercial age no architect or contractor who once sees the pleasure derived

confined to the children's ward, as even the adult patients will find the monotony of their existence much alleviated by artistic surroundings. The main reason for removing all decorations from the walls of the hospitals was the fact that they become the refuge of dangerous micro-organisms. But this does not apply in the case of tiling, for the decorative tile is as absolutely germ proof as the plain white variety.

Another illustration shows a ceramic mosaic floor in a dormitory. This floor is as a rule more attractive, and is quite as sanitary as the ordinary tiled floor. All that has been said about decorative walls applies to a less extent, of course,



from these tiled pictures, will take into consideration the slight additional cost between the plain sanitary wall and the decorated sanitary wall.

These decorated walls should not be

to the floors. But even the floors of the hospital are capable of decoration, and as this decoration, and the pleasure derived from it, does not detract from the sanitary qualities of the walls

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and floor, and costs but very little extra, there is no logical reason why the hospital architect should neglect this simple device which adds enjoyment to the existence of the very people for whom the hospital is erected.

Subinvolution of the Uterus: How is it to be Prevented?

By Joseph B. DeLee, M. D., Professor of Gynecology, Medical Department Northwestern University, Chicago, Ill.

You ask how I prevent subinvolution of the uterus?

1. Avoid sepsis; conduct the labor with the same aseptic and antiseptic precautions that one uses in laparotomies.

2. Leave the cases to nature as much as possible. Avoid practices to shorten the time of normal labors.

3. Avoid lacerations of the cervix.

Repair them if deep or if they bleed. Repair the torn perineum accurately.

4. Leave the uterus empty of clots, membrane and placenta; therefore conduct the third stage of labor properly.

5. If the uterus does not decrease in size rapidly in the early puerperium, give ergot.

6. Don't allow the patient to lie on her back too long.

7. Build up an atonic general system. These are my means of prevention, and I have had only two cases of subinvolution in twelve years' practice.—*Medical Council.*

Rhonda Inquirer—Don't you feel bad when you lose a patient?

Doctor—Certainly. No man cares to be reminded of the fact that the resources of his income are passing away from him.—Tit-Bits.

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EDITORIAL.

Repeaters in Medical Journals.

By repeaters we mean that class of contributors to medical journals who, whether they write often or only occasionally, secure the publication of their contributions in several different journals. On first thought this might not seem objectionable, and in fact might possibly be commended. The article may be, and generally is, a meritorious one, or it could not pass muster and gain admittance to the pages of several different publications. As such, the ideas advanced may be worthy of wider dissemination than can be obtained in one journal. Again, the article may be of interest to different classes of readers, or the author may be known in different sections and have a perfectly legitimate and laudable desire to place his contributions in that journal circulating among his friends and acquaintances.

This much in palliation, if not defense of the repeater. But is it fair all round? The editor of a journal ac-

cepts a contribution in good faith, for the department of original articles, believing it to be written exclusively and specially for his columns, and publishes it as such. It is anything but pleasant to find the same paper in anywhere from two to a half dozen different journals, published at or near the same time. Perhaps in the two hundred medical journals published in this country the article appears in one or two other than his own, some of which are not received by him, or the article is overlooked, for editors do *not always* read all the journals published or received. Later, it appears as a selected article or in an abstract elsewhere, credited to some other publication. Or, he is accused of appropriating contributions to other publications without giving credit. These are all unpleasant when they happen, as happen they do with the repeater in the land.

The reader interested in some special subject and seeking light upon it, does not appreciate reading half an

article only to find that he has read the identical article by the same author elsewhere.

If the purposes of the repeater were as laudable as the outlined defense as given above, the offense might be overlooked to a great extent, but it is seldom this is so. The potency of the printed page as an advertiser is well recognized by most of us, and he who knows how to use it to an advantage has a fulcrum of great magnitude on which to base his schemes. The contributor to a half dozen medical journals can carry more weight and command more influence than the little one-horse writer, and (its sad to say it) the repeater makes the best use of his opportunities. He may not always be a specialist bidding for reference cases, or subsidized by some manufacturing concern to "push" its special products, but when he is much in evidence, the question might be asked: What is his little game? or, How much does he get for it?

The repeater does not always write the same article for each journal. There may be a slight difference in the heading or title of the contribution, and the language and style of the paper may be different, but with the same ideas advanced through them all. When this is the case and same proprietary article is lauded throughout his writings—well the size of the check received is not generally known, but legal proof of its acceptance is not essential to confirm an opinion.

A characteristic often noted in the repeater is the *penchant* for titles, as one writer expressed it—a sort of literary tenesmus — a strainin gto find more titles with which to adorn the name placed at the head of the paper.

The more letters of the alphabet to be pressed into service, the greater the satisfaction. Then follows the professorships, the hospital appointments, membership in medical, scientific and semi-scientific societies, official positions now held, and hitherto filled in said societies, positions on state and municipal medical boards, author of such and such books and papers, regular and occasional contributor to such and such journals, etc., *ad nauseam*. These are all artistically arranged in an inverted pyramid, under the name and major part of the alphabet, for what purpose it is hard to imagine. Perhaps it is to impress the reader with the importance of the writer and his claims to be heard, in a lurking fear that the text itself will not be sufficient to attract attention. It can be safely said that the primary object of the repeater is not to instruct the profession. He may wield a trenchant pen, have a flowing style, a large vocabulary, and be able to use strong language, but his contributions rarely show research or investigative work.

How can he be suppressed? This is a hard question to answer, for it is almost impossible to so spot him as to prevent his appearances omewhere in medical literature. When once spotted he should be summarily dealt with, and it would be nothing amiss to expose him to the profession in his true light.

The Medical Treatment of Gall Stone.

Most of the recent literature on the subject of Gall Stones is from the surgeon's view of conditions presented, and relief is promised only in operative procedures. The general practitioner and the internist, are advised that the

only resource is to place the patient in the care of a competent surgeon.

This is not always desirable or practicable, still an honest confession compels the admission that these cases are often intractable to anything more than temporary relief from medical treatment. It is, therefore, refreshing to read with what confidence Dr. Chas. S. Webb puts forward a treatment for the permanent cure of this trouble in a paper read before the Virginia Medical Society (Med. Council, March, 1907).

The basis of his treatment is in the use of olive oil, a remedy by no means new, but one that only gives temporary relief, at least this has been our personal experience with it, and not even this much in every case. Webb's plan consists in a preparatory treatment for the administration of the oil, which he insists is essential to the success of the plan. The prescription and directions are here briefly given:

Take

Chloroform	1 drachm
Olive Oil	2 ounces
Mucilage Accuacia	2 ounces
Mix. Shake well.	Dose—Two

teaspoonful every four hours for forty-eight hours. Fast twelve hours, then

Take

Spts Ether Co.	1 drachm
Olive Oil	8 ounces
Mix. Shake and take at one dose.	

Patient then must lie on right side, with hips elevated four inches, for one hour. Then on left side, with hips elevated twelve inches, and spinal column kept as straight as possible for an hour and a half. Patient is then directed to assume the upright position, sitting, walking about if so inclined, for three hours, when a full dose of castor oil is

administered. Save the discharges, strain through a wire sieve, and count the gall stones. The cases reported passed large numbers of stones under this treatment, one over 200, and in none was there a return of the colic.

The theory given for action if the remedies under this plan is as follows: The chloroform relaxes the involuntary muscular fibers, aided, too, by the ether given with the last dose of olive oil. By lying on the right side, hips elevated, the oil glides out of the stomach and backs up into the duodenum as in a reservoir. When the position is changed, the oil finds its way into the common duct, and perhaps into the gall bladder, lubricating the duct and calculi. Assuming the upright position causes the oil to flow out by force of gravity, bringing the calculi along with it.

This is worthy of trial at least in a diseased condition that is so little amenable to treatment by other means. The acute attack is relieved by hypodermics of morphia, and if severe no time should be lost in other palliative remedies, except perhaps as adjuncts to the opiate. It is subsequent attacks that this plan of treatment proposes to meet, and the author is very confident of its success.

Without going into the etiology of the disease, or reviewing extensively the literature of its medical treatment, it is perhaps well to mention one or two other remedies in this connection that have been used in recent years with beneficial results. The purpose is to secure at all times a free flow of bile, and for this purpose the soda preparations have a deserved reputation. The succinate of soda in ten to twenty grains per day has been much used, and more recently the glycolate of soda has been highly

recommended. A recent writer extols the succinate of iron persisted in over a considerable period as a preventative of gall stone formation.

It must always be remembered though, in the presence of chololithiasis, the fact that many cases are distinctly surgical. When to call the surgeon is as yet a mooted point. Naunyn classifies gall stone disease into regular and irregular. The first may be hardly demonstrable, the patient only noticing some dyspeptic disturbances. It may be more severe, and the stones may give considerable trouble, passing through several (what Carl Beck terms) successful attacks, i. e., passing of the stones without leaving behind any appreciable evidence of inflammation. The regular chololithiasis has the additional manifestations of inflammatory action. Beck says a distinct differentiation of these two forms (N. Y. Med. Jour., Sept. 8, '06) will decide the question as to whether the surgical or medical therapy shall exert its powers. If during an inflammatory attack the cystic duct becomes jammed, surgical aid will be necessary. There may be added to this the presence of bacteria and evidences of septic invasions, and no medical treatment will avail, the surgeon should be consulted at once.

The Untrained Nurse.

Wiggins, in a paper "The Untrained Nurse, Her Legitimate Field and Her Opportunities for Self-Improvement," (N. Y. Med. Jour., Jan. 12, '07) takes occasion to speak in words of commendation of the various correspondence schools for the training of nurses. The necessity for nurses and nursing is recognized, and the question arises how is the vast army of nurses needed to

supply the demand to be furnished as the larger majority are unable to take the long hospital courses prescribed. The need of a nurse who can afford to work for less wages is commented on. He claims, too, that the correspondence school nurse does not encroach upon the province of the hospital nurse, as the total number of nurses graduated represents the total capacity of the hospitals at all times.

He sees no reason why the instructions given in a correspondence course, supplemented by clinical instructions at the hands of a physician cannot impart a proficiency which will enable her to meet every acquirement of the ordinary case.

The need of the trained nurse—the hospital graduate nurse—is recognized, but the need of the other is also insisted on, as seen in the following quotation:

"Without in the least minimizing the value of the highly trained nurse in critical cases, there is a growing belief that it is not necessary for a woman, in order to be competent to nurse in the ailments most frequently encountered, to spend three years in hospital training. In an age which has demonstrated the use of every labor saving device, educational methods are subjected to the closest scrutiny in order that economy can be used in accomplishing the final aim with the least expenditure of time and effort. One has to go back but a very few years indeed to recall the criticism with which those in academic circles belittled the value of the method and work of the well-known correspondence schools which have since become such important factors in the educational work of the country that great universities have now adopted the very methods which

so few years ago were considered unacademic and superficial.

"In thus advocating a new method in the field of nursing which has found favor and meets the requirements of patients, nurses, and physicians, let me make it very clear that I have not sought to underestimate the value of hospital training, at least up to a certain length of period, but that my contention relates to a distinct class of nurses and who will be fitted to meet the demand of those who do not need, who cannot secure, or who cannot afford to pay the higher rates of the trained nurse.

"The patient or physician, when seeking a nurse selects the one who is successful whether she be called trained or untrained, professional or non-professional, hospital or practical. It matters not what or where her training if she is proficient and superior in her qualifications for the case in hand. Whatever her training and wherever found this is the nurse who will supersede all others.

"In the final analysis the test of a method of instruction is its success. If it is found that a woman can, by another method than that of hospital training, become competent to exercise the function of the nurse in the majority of cases, that method has a *raison d'être* which not only justifies, but demands the attention and investigation of every unprejudiced and thoughtful physician and layman.

"It certainly will not be an unwholesome condition which will compel the trained nurse to look to her own qualifications for private nursing to maintain her superiority and to place herself above the effects of competition, be-

cause of this new standard set by the untrained nurse."

Medical Subjects in the Lay Press.

The public wants information on every question under the sun, and as there is always a supply when a demand is created, it generally gets something in the line of its demands. To this medicine and other scientific subjects are no exceptions. The information secured is not always accurate, in fact is generally unreliable.

If the medical questions treated were prepared by physicians the situation would not be so bad, but this is not the case. Magazines, weekly papers and the daily press are giving the public information on medical questions and semi-professional topics, and in the majority of instances these are written by laymen with no pretensions to medical education or training. That there may be, and often is, a modicum of truth as a foundation for the ideas involved does not counterbalance the harm produced in promulgating the errors that are thus given the public.

The press as a factor in civilization and advancement must be recognized. Its influence is wide-spread and the profession should utilize it more than it is doing for teaching the general public such things pertaining to medical subjects as can be understood and appreciated by it. The doctor is a teacher and should so act. The general public is better informed and has wider views in this generation than in former ones and is entitled to know more of scientific subjects than formerly because it can better understand and appreciate them.

The managers of the various publications are making an effort to supply

this information, and in the majority of instances would prefer articles from those qualified by education, training and experience to treat the questions authoritatively. If physicians do not write them, some one else will. It is better that the physician write them, so that errors will be avoided.

Matters of hygiene, public health,

the control of epidemics, etc., when discussed in the public press should always be written or supervised by a medical man. Popular articles on medical topics ought to be given the public, and these should be prepared by our best informed men, men whose name and character carry weight and authority.

Editorial Notes and Comments.

The Medical Life of Oliver Wendall Holmes.

The Bulletin of the Johns Hopkins Hospital for February contains a very interesting paper on this subject from which we make a few excerpts.

In 1840—long before the days of antiseptics and several years before Lemmelweis advocated the contagiousness of Puerperal Fever, Holmes read before the Boston Society for medical improvement a paper on the subject, in which the following rules were laid down for the guidance of physicians in midwifery and but little need be added to them to bring them up to the standard of twentieth century requirements:

"1. A physician holding himself in readiness to attend cases of midwifery should never take any active part in the post-mortem examination of cases of puerperal fever.

"2. If a physician is present at such autopsies, he should use thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending to any case of midwifery. It may be well to extend the same caution to cases of simple peritonitis.

"3. Simple precautions should be taken after the autopsy or surgical treat-

ment of cases of erysipelas, if the physician is obliged to unite such offices with his obstetrical duties, which is in the highest degree inexpedient.

"4. On the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in labor, unless some weeks at least have elapsed, as in danger of being infected by him, and it is his duty to take every precaution to diminish her risk of disease and death.

"5. If within a short period two cases of puerperal fever happen close to each other, in the practice of the same physician, the disease not existing or prevailing in the neighborhood, he would do wisely to relinquish his obstetrical practice for at least one month, and endeavor to free himself by every available means from any noxious influence he may carry about with him.

"6. The occurrence of three or more closely connected cases, in the practice of one individual, no others existing in the neighborhood, and no other sufficient cause being alleged for the coincidence, is prima facie evidence that he is the vehicle of contagion.

"7. It is the duty of the physician to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper

inquiries concerning them, and giving timely warning of every suspected source of danger.

"8. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a private pestilence in the sphere of a single physician should be looked upon, not as a misfortune, but a crime; and in the knowledge of such occurrences the duties of the practitioner to his profession should give way to his paramount obligations to society."

When the question of admitting women as students to the Harvard School was discussed by the Faculty and decided adversely. Holmes did not take a decided stand at the time but expressed his views as follows in another occasion:

"On this occasion, after speaking in his most perfect style on woman as a nurse, with a pathos free from makishness which Dickens rarely reached, he (Holmes) concluded: 'I have always felt that this was rather the vocation of woman than general medical, and especially surgical practice.' This was the signal for loud applause from the conservative side. When he could resume he went on: 'Yet I myself followed the course of lectures given by the young Madame Dachapelle in Paris, and if here and there an intrepid woman insists on taking by storm the fortress of medical education, I would have the gate flung open to her, as if it were that of the citadel of Orleans and she were Joan of Arc returning from the field of victory.' The enthusiasm which this sentiment called forth was so overwhelmingly, that those of us who had led the first applause felt, per-

haps looked, rather foolish. I have since suspected that Dr. Holmes, who always knew his audience, had kept back the real climax to lure us to our destruction."

He said he was willing to teach women anatomy but not in the same classes or dissecting rooms with men.

His high conception of motherhood is attested in the closing paragraph of his paper on puerperal fever:

"The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. The very outcast of the streets has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law, brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly!"

The Scriptural limit of three score years and ten Dr. Holmes vivifies in these familiar words:

"Our brains, our seventy year clocks. The Angel of Life winds them up once for all, then closes the case and gives the key to the Angel of Resurrection. Tic tac! tic tac! go the wheels of thought; our will cannot stop them; they cannot stop themselves; sleep cannot still them; madness only makes them go faster; death alone can break

into the case, and, seizing the ever-swinging pendulum, which we call the heart, silence at last the clicking of the terrible escapement we have carried so long beneath our wrinkled foreheads."

Col. Gergas on the Panama Canal Commission.

The appointment of Col. Gergas as a member of the Panama Canal Commission is a well deserved, though tardy compliment to this officer as well as a recognition of the claims of the profession that it should be represented on the commission with equal power with other directors. These claims have been advocated since the appointment of the first commission, on the grounds that the hygienic conditions of the canal zone were of paramount consideration, if the canal was to be constructed at all, and its control should not be hampered by its being subordinate to individuals or departments uninstructed in the principles of scientific sanitation.

Dr. Walter Rue's report on the sanitary conditions of the zone two years ago, and the subserviency of the medical department to the control of several (seven or eight, we think it was) heads of other departments, demonstrated the justice of the claims of the profession, and there has been a gradual improvement in the conditions since then, brought about by giving the medical department more authority and greater latitude in prosecuting its work.

Col. Gergas is eminently fitted for the position on account of his former experience in sanitation and the work already accomplished under so many difficulties, while he was the logical candidate as a representative of the medical profession for the position.

The President is to be congratulated on the wisdom of the selection. He is also entitled to a vote of thanks from the profession in thus giving it national recognition in an important measure.

Speaker Cannon and the Military Bill.

Speaker Cannon, of the National House of Representatives, has been criticised very severely and justly so, too, for his arbitrary rulings in blocking important legislation, and the medical profession has somewhat against him also. In discussing the importance of the bill before last Congress to increase the efficiency of the medical service of the army, the Journal of the American Medical Association (Mar. 16th, '07) has this to say of him:

"When war comes again as it will, and the cry goes up throughout the country of unnecessary suffering, sickness and death among the soldiers who have responded to their country's call, and who deserve nothing less than the best attention that care and foresight on the part of their government can provide, the responsibility for failure will surely be fixed where it belongs—on the present Speaker of the House of Representatives. It was he, it is understood, who refused to allow the bill to come to a vote, though it had passed the Senate and had been favorably reported by the Committee on Military Affairs of the House. On Speaker Cannon, and on Speaker Cannon only, must rest the responsibility for the continuation of the present unsatisfactory conditions and for what may occur in case of war."

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In case of deep-seated, obstinate pains in the eyes, for which no other cause can be assigned, it is always advisable to bear in mind the possibility of disease of the sphenoidal sinus.

In fractures of the femoral neck the most perfect apposition of the fragments, as shown by Whitman, is secured by flexing and abducting the limb and maintaining it, as far as possible, in that position.

The first examination in a case of suspected urethral stricture always demands the greatest care in the introduction of instruments, for, as Reginald Harrison has said, it is very easy to spoil a stricture and so lose the way through it, rendering future access to the bladder difficult.

In introducing a retention catheter, as after an external urethrotomy, the instrument should not be allowed to project too far into the bladder, as this might give rise to severe irritation. On the other hand, it should be inserted a sufficient distance so as not to interfere with the outflow of urine.

The occurrence of persistent vomiting after operations for gallstones may be due to acute dilatation of the stomach, which if allowed to progress may cause serious circulatory disturbances. This should therefore be prevented as early as possible by the introduction of the stomach tube and the washing out of the organ.

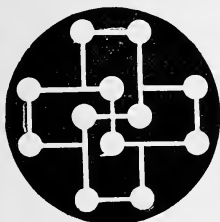
In sprains accompanied by marked swelling in middle-aged persons it is important, as emphasized by Sir William Bennett, to abstain from the use of ice unless convinced that the kidneys are in a healthy condition, since its continuous employment may give rise to severe sloughing in cases of renal disease. For this reason hot fomentations are to be generally preferred.—*Ont. Jour. Surgery.*

The following combination is recommended by the Journal of Medicine and Science in the treatment of bronchial asthma:

℞ Ammonii iodidi, ʒiss.
Fluidext. grindelia robustæ, ʒvj.
Tinct. lobelia, ʒiij.
Tinct. belladonnæ, ʒiss.
Fluidext. glycyrrhizæ, ʒij.
Syr. tolutani, q. s. ad ʒiv.

M. Sig: One teaspoonful in water three or four times a day.—*Medical Fortnightly.*

The perennial discussion of ethics versus nostrums has elsewhere in this issue of the Journal been pithily synthesized in a crisp chat by a firm too well known in the South to need personal mention. In making this announcement to our readers these gentlemen have told us nothing new for all observing physicians know to a certainty that the products of this old, reliable house are worthy of confidence. Their official Pure Drug Guaranty so simply emphasizes in concrete form that which has been recognized as fact for many years by physicians and pharmacists.



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are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics*.

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ABSTRACTS.

The Treatment of Non-tuberculosis Chronic Arthritis.

E. A. Locke, and R. B. Osgood, Boston, Mass. (*Journal A. M. A.*, February 2), discuss the treatment of chronic arthritis of non-tuberculous origin under the following heads: 1. Villous arthritis; 2, infectious arthritis; 3, atrophic and 4, hypertrophic arthritis. The first is not properly an entity, though it may occur without discoverable etiology or following trauma. Nevertheless, it may accompany the other forms as part of the symptom complex. The infectious arthritis includes those joint affections supposed to be due to some chronic infection in the blood. The articular cartilages in this group are less likely to show marked changes than in the two following ones. Atrophic arthritis is the type characterized by atrophy of joint structures together with debility and general constitutional disturbance. It includes many of the cases of so-called rheumatoid arthritis. In the hypertrophic type there is less, if, any, constitutional disturbance and a hypertrophy of cartilage and bone. The so-called osteo-arthritis types are here included. The classification is here recognized as imperfect and provisional, but is offered for the sake of conveniently stating the author's views of treatment. This is general as well as special and the former, as a rule, most important. All abnormal conditions must be sought out and remedied. The general health, physical and mental environment, and all local foci of disease must be attended to, diet regulated, exercise, dress, etc., directed. In the physical treatment he includes hy-

drotherapy, hyperemia, counterirritants, massage and active and passive motion, and the substitution of these for drugs is the secret of much of the success of the treatment. In cases of simple villous arthritis, if conservative methods fail, radical operative measures are advised. Infectious arthritis gives a better prognosis and often improves rapidly with treatment. The authors insist on the importance of early active and passive movements to prevent adhesions. In the atrophic form, which is often very resistant, early massage and active and passive movements to correct the tendency to atrophy and fibrous ankylosis are also advisable. Operative treatment may be required. In the hypertrophic type, on the contrary, the passive motion, unless employed with the greatest care, may do harm and the main principle in the treatment of this type is rest. Mechanical support may also palliate the symptoms. The local treatment is less effective in this type on account of the tendency to bony proliferation and ankylosis. The final results in any case will depend largely on early diagnosis and persistence in the treatment. In old cases we may relieve but can hardly hope for a complete cure.

The Digestive Bead Test.

M. Einhorn, New York City (*Journal A. M. A.*, February 2), again describes his new method, originated at the beginning of 1906, of giving the patient, in a gelatinous capsule, beads with various food substances attached and examining the stools, at longer or shorter intervals, to ascer-

tain whether or not the substances have been digested. He usually employs the following six substances: Catgut, fish bone, meat, potato, mutton fat, thymus gland. The first two are usually digested in the stomach, the others in the intestines. With regard to the functions of the digestive apparatus, the following conclusions are drawn: If all or most of the beads reappear before 24 hours there is an accelerated motility; if, after 48 hours, a retarded motility exists, if only traces of fat and thymus or fish bone remain, the digestion is good; the reappearance of meat and potato, much fat or thymus, indicates poor digestion, and if all the substances appear, the digestive function is absolutely bad. He has recently used this test in a number of cases, in various conditions of health or disease, and discusses the tabulated results. These tables, he says, show that the test gives a thorough insight into the relations of the functions of the digestive apparatus. More study, however, will be required before they can be used diagnostically. Einhorn has previously shown that catgut is occasionally digested in the intestines, and these later experiments seem to show that fishbone may also be thus digested in rare instances. He therefore instituted experiments by suspending pieces of catgut and fish bone by a silk thread in the stomach, and withdrawing it after certain periods. This experiment seemed to show that excessive acidity of the gastric juice retards the disappearance of the catgut, and other experiments showed that catgut is occasionally digested in the intestine, and that trypsin has occasionally a digestive action on fish bone. He is also experimenting, to ascertain the value of the method of determining

the presence or absence of HCA. He gives detailed directions for preparing the food beads, and remarks that while the test is of value, when a more thorough knowledge of the functions of the digestive apparatus is desired, it is not permissible with pronounced stenosis of the digestive tract, or with stricture of the esophagus, stomach and intestine.

Opsonic Treatment of Surgical Diseases.

A. P. Ohlmacher, Detroit (*Journal A. M. A.*, February 16), thinks that possibly Wright's comparatively simple theory of opsonins and its practical application has been rendered needlessly confusing to the average practitioner and gives his own experience with the use of bacterial vaccines, preferably autogenous, in various surgical conditions. While not neglecting to take the opsonic index when practicable, he was compelled to rely largely on the clinical manifestations as a guide to the repetition and size of dose, always endeavoring, of course, to give the injections at the right time, when the positive phase is beginning to fall and not in the negative phase. As Wright points out, the great causes of failure in previous tuberculin treatment was the giving of too large injections and too frequent repetition of the dose, causing a marked negative phase and keeping it up. Ohlmacher thinks that his results might have been even better than they were had he been able to make more systematic opsonic determinations, which often show a fall of resistance before the symptoms indicate it. He has had remarkable success in various types of staphylococcus infections; obstinate cases of acne and furunculosis, impetigo, palmar abscess and in a very

distressing case of what had been called psoriasis, but which he thinks was an extraordinary case of staphylococcic dermatitis, and which yielded rapidly to opsonic treatment with an autogenic culture of staphylococcus aureus. He had also very satisfactory results with a case of very annoying bladder infection from the colon bacillus, similarly treated after other treatment had failed. A very striking case was one of sacculated pneumococcus empyema, in which perfect recovery occurred in seven days after two injections following a small puncture. Ohlmacher believes that even the generally condemned method of aspiration would have been sufficient in this case when reinforced by opsonic therapy. Owing to delay in obtaining Koch's tuberculin R., the standard vaccine for tuberculosis cases, his experience with tuberculosis has as yet been limited, but he has been able to obtain a strain of gonococcus culture with which he has had striking success in the treatment of gonorrhea and its complications, including gonorrheal rheumatism and conjunctivitis. From what he has already seen, he is prepared to say that with proper artificial autoinoculation, we can obtain constitutional and local improvement in many subacute and chronic affections entirely beyond anything previously possible in medicine. He believes that we have in this method of bacterial inoculations therapeutic agents of a specificity and potency beyond anything heretofore employed in the treatment of disease, except, perhaps, the diphtheria antitoxin.

Cold abscess and lipoma often simulate each other very closely, especially around the chest. If in doubt, aspirate.

Certified Milk in Small Cities.

C. W. M. Brown, Elmira, N. Y., (*Journal A. M. A.*, February 16), gives the experience of Elmira, a city standing almost at the bottom of the list of towns with 30,000 population or over, in securing a certified milk supply. Six physicians were selected by the Elmira Academy of Medicine, who gave their personal attention to the matter and were appointed as a milk commission. They called a joint meeting with the milk dealers, to which not more than twenty of the latter responded; they listened respectfully and did nothing. A personal canvass was then made with the better class of dealers, and one was found, a woman, who had already some acquaintance with the requirements of producing clean milk. After some consideration she took up the work, built a new barn and had her herd tested for tuberculosis. The commission selected its experts and the first certificate was issued April 15, 1903.

A 10,000 bacterial count standard was established, which has only been exceeded twice in three years. Butter fat 3.5 to 4.5 per cent. and other usual conditions were imposed. The milk is bottled a few minutes after milking, put in a crate, the top of which is filled with cracked ice, whence it is delivered to customers. Notwithstanding the producer's indisposition to advertise, the sales have gradually increased, and besides supplying local consumers the milk is shipped daily to Binghamton and New York City. At present another dealer, also a woman, has begun to sell high-grade milk in bottles, and there has been an improvement in the milk supply generally. The city health officer is on the commission, and through his influence an excellent or-

dinance governing the sale has been passed. The milk inspector of the local board of health has been made a state deputy health officer, thereby empowering him to enter on the premises of the producer. Brown believes that what has been done at Elmira can be accomplished within the next twelve months in a score of other cities of like population which are now without a clean milk supply.

Cold Air Versus Cooked Air.

Editorially the *Therapeutic Gazette* states that its readers have probably been much interested during the past year or two in reading the reports which have been made by Dr. W. P. Northrop in regard to his treatment of children who have pneumonia or other infectious diseases. His wards are not provided with artificial heat and whenever possible he moves the child and its bed to the roof of the hospital or to the roof of the house and keeps it there regardless of the temperature. He asserts that his mortality rate has been materially diminished and that the whole progress of the disease is favorably modified, that children who are livid and cyanotic speedily regain their normal color, and the stupor which seems about to overcome them, is largely dissipated, if his observations are correct. The *Gazette* estimates that there can be no doubt that Dr. Northrop performs a most valuable function in calling the attention of the profession and the laity to the absolute necessity for adequate ventilation. It states that the question arises whether the benefits are dependent so much upon cold air as they are dependent upon pure air, and that the practical lesson to be learned is that the patient should not be expos-

ed to all the rigors of a winter atmosphere, but that it is certainly advisable that the air of the room should not be heated to the temperature of the ordinary living room, but its temperature maintained at 55 or 60 degrees, so that it is not bitterly cold, and on the other hand, not thoroughly cooked.

The Surgical Treatment of Empyema.

Lloyd states that he has been experimenting for over fifteen years on the chronic cases of empyema in order to determine if there was not some way to bring about complete expansion of the lung without extensive and mutilating operations upon the chest wall. He states that the pleura is not insensitive as is usually stated, nor does it lose its elasticity. The operation, as he performs it, consists in removing from 2 1-2 to 3 inches of groin, 1 to 4 ribs. The pleura is incised and the fluid allowed to drain away gradually. Before the pleura is opened the anaesthetic is completely stopped. As soon as the fluid has drained away the opening with pleura is enlarged and the cavity explored, large masses of coagulated lymph are scraped away. The finger is then sent upward along the margins of the lung and the adhesions broken up. If the adhesions are firm a curved periosteotome is swept along the parietal surfaces until the adhesions are freed. During the progress of this manoeuvre the sensitiveness of the pleura asserts itself and the patient begins to breath so that when the adhesions are broken up the lung is fully expanded. The cavity is washed out several times by having hot saline poured into the wound from a pitcher. As the lung will not remain expanded when the opening in the pleura is larger than

the bronchus, a drainage tube is inserted and the wound closed around the tube. He uses a piece of tubing with a flange on either end, to prevent its coming out or falling into the pleural cavity. He has operated on 225 patients, with a mortality of 20 per cent. only, 15 cases dying within a week, the others, in all probability, would have died under any method of operation.—*Annals of Surgery*.

Buttermilk as an Infant Food.—Medical Record.

Stranch states that sour buttermilk prepared according to the formula of Teixeira has become very popular among the physicians of Germany and Holland for gastro-intestinal diseases of children. Teixeira adds to one quart of fresh buttermilk one or two tablespoonfuls of rice or wheat flour, the flour being added gradually to prevent the formation of lumps. While being constantly stirred, it is heated slowly for fifteen or twenty minutes to the boiling point and finally, after adding 50-78 grams of sugar, it is colled and hermetically sealed. The caloric value of the buttermilk has by this process been increased from 260 to 600 or 700 units pro liter, thus approximating that of human milk. In acute cases the infant was first placed on rice water for one or two days and then the buttermilk was administered gradually in increasing quantities. He reports twenty cases of his own in which he has used buttermilk and gives the results of others based on a larger experience, to show how excellent a remedy good buttermilk has been proved to be. He states that the weekly increase in weight not infrequently being from 500, 600 to 700 grams. He states that the

original formula for modizing buttermilk may be changed to meet special indications. That the flour may be replaced by dextrinized flours or cream may be added. He explains in part the unexpectedly good results from this food by the easy digestibility of the casein of buttermilk and to the lactic acid.

Age Limitation of Sports.

Toeppen thinks his subject is of importance to physicians, both because they are likely to be consulted on the question, and also because the personal health, welfare and working power may be increased by claiming a full share of the benefits to be derived from sports (*N. Y. Med. Jour.*, Feb. 2nd, 1907). Habit and practice are more important than age, as to fitness for sports, generally or any special kind of sport. There is no general rule for the appearance of hardening of the tissues or rigidity of arteries. Undisturbed arteries just keeping up a sluggish circulation of a business man, are expected to harden at about fifty years of age. They will last longer if made to respond daily to energetic calls for increased circulation, because of improved nourishment.

Nearly all sports are recommended—foot-ball, skating, running, gymnastic, swimming, wrestling, etc. *Individualize* and take the one most suited to individual needs. Begin moderately and increase gradually to full limit. Running is especially recommended.

To sum up: It is futile to try and lay down general age limits for the different kinds of athletic sports. The limits vary individually within wide marks, and if observations made on a number of individuals of the present generation

put them very low, this does not mean that they would be the true and desirable limits if we had a generation whose physical education from the beginning had been undertaken and carried out upon a plan only one-fourth or even one-tenth as elaborate as the plan for its mental education, not only as far as exercise and sport is concerned, but also in regard to eating, drinking, clothing, sleeping, pleasures, stimulants, etc., and whose individuals were willing to continue to live upon a similar plan after growing out of the hands of their educators. Live a simple, natural life, take strenuous exercise *every day of your life*, even should you steal the time to do so, and see what will become of your personal limit for the various kinds of sports!"

Dust and Tuberculosis.

Homan emphasises the well-known fact of dust as a carrier of tuberculous infection in a paper before the Miss. Valley Med. Asso. (Jour. A. M. A., March 23rd, 1907), and accentuates the dangers of the prevailing mode of cleaning, sweeping, and dusting in public buildings, club rooms, hotels and private residences, etc. Carpetings, hangings in the room, curtains and upholstered furniture are condemned as breeders of infection. The total abolition of the broom and feather-duster as modes of cleaning are advocated, and the substitution therefor mechanical means by which the dust will be prevented from floating about, and the use of damp cloths to remove it from furniture. Pneumatic tubes are suggested for public buildings. He closes with this summary.

1. Efforts toward the eradication of human tuberculosis will fail which do

not take full account of household dust as a factor in the dissemination of that disease.

2. Scientific tests have shown that the seeds of pulmonary tuberculosis, harbored within doors in the dried state, are capable of retaining their effective vitality for prolonged periods of time.

3. Any method of procedure employed in inhabited buildings which causes dust to be disseminated must be considered as tending to spread the seeds of consumption.

4. Hotels, clubs, theaters, office buildings, schools, churches and business establishments generally should be required by law to introduce and operate dustless methods of cleaning; this part of their mechanical equipment being as necessary as provision similarly made for warming, ventilation and for fire protection and fire escape. The employment of dustless methods in private residences is urged as being equally imperative for the control and suppression of all forms of tuberculous disease.

Surgical and Serum Treatment of Puerperal Sepsis.

McMurty says that puerperal infections and wound infections are identical, the former being modified by the anatomical relations — the parturient canal (Buff. Med. Jour., Mar., 1907). As regards the organisms concerned in the infection the staphylococcus is more apt to produce a circumscribed invasion, while that of the streptococcus the diffusion is very rapid over the entire system without limitation or localization. Putrefactive organisms, poisoning the generative tract by tox-

(Continued on page 695.)

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(Continued from page 393.)

ins involved, but not entering the blood current produce a special infection known as "sapemia."

The invasion is usually through the lining membrane of the uterus, and its spread by means of the lymphatics. Invasions of putrefactive germs produces a necrosis of tissue and a very foul odor. Streptococcus and staphylococcus produce very few lesions and very little odor. As to treatment surgical and by sera are reviewed, he reaches the following conclusions:

From a careful study of the subject under consideration, it is apparent that the best results follow the simplest treatment, avoiding radical surgical intervention and facilitating drainage and elimination.

That cleansing the uterine cavity by irrigation should be given preference over curettage whenever practicable.

That on account of our inability to accurately measure the character of infection and the extent of tissue invasion in the early stage of puerperal sepsis,

hysterectomy as an abortive measure of treatment is impracticable.

That antistreptococcic serum is without value in the treatment of this disease.

That puerperal infection being identical with ordinary wound infection should be considered from the standpoint of prophylaxis, and as sepsis has been eliminated from modern operative surgery, so should puerperal sepsis be reduced to the surgical standard by the application of refined surgical technique.

Treatment of Sciatica.

McKee says the first essential in the successful treatment of sciatica is a thorough knowledge of the individual in hand. (South'n Practitioner, Mar., 1907). Make exhaustive physical examination, body, family, history, diseases, mode of living, place of living, business, habits, diet, and if a woman specially the uterus and rectum. Constitutional elimination and general therapeutics are first in importance. Morphia should be used with caution. Rheumatic cases should have salicylates; syphilitic, iodides; gouty, colicum and salines. Hypodermics in region of nerve useful. Strychnine in large doses, atropine sulphate and cocaine are used with benefit. Deep injections of alcohol 80 per cent. and cocaine 0.01 per cent. cure 90 per cent. of cases. Sterilized air by injection relieves the pain very quickly. Rest cure of Weir Mitchel is often beneficial. Hydrotherapy has many cures to its credit. Electricity in all forms is advised, but painful application must be avoided.

Surgical interference by stretching the nerve has not much to commend it, some good and some bad results having

been reported. Massage of the nerve is painful but is beneficial in the chronic stage with beginning atrophy, but is contraindicated in true neuritis. Mechanical vibration is more useful than the massage.

Prognosis is good in the young, in those in fair general health, but bad in the old, those suffering from chronic diseases, and the more pronounced neurotic processes. The author holds that a failure to cure or benefit is because the physician has not sufficiently studied his case.

Cellulitis and Myositis of Abdominal Wall.

Two cases illustrating how local disorder in the abdominal muscles may simulate intro-abdominal pathologic conditions are reported by J. M. Hitzrot, New York City (Journal A. M. A., March 2). In one patient a dietary indiscretion, followed by general abdominal pain, with vomiting and constipation, the pain later becoming localized on the right side, its return after relief from free catharsis with greater severity and more definite localization, the coated tongue, febrile symptoms and the tender, hard mass in the region of the appendix, simulated acute appendicitis very closely. Operation, however, revealed only a marked, slightly purulent myositis, with slight peritoneal involvement, probably from contiguity. The second case was less definite and more chronic, but the condition was similar. In the first case the peritoneum was opened and the organs found healthy, but the appendix being rather long, was removed. Recovery in both cases was complete after operation. The author gives a short summary of the rather scanty literature of the subject.

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Sodium Citrate in Infant Feeding.

Cotton, in a paper read before the section on Diseases of Children—American Medical Association (Jour. A. M. A., Oct. 6, 1906), reviews the hitherto unsuccessful efforts at percentage feeding of cows milk to infants. No royal road to successful feeding by exact mathematical formula has yet been found.

Recently he has been led to try Sodium Citrate as a remedy for softening the curds always present in cows milk, unless reduced by dilution to a point far below the requirements of nutrition. We quote his language as to the manner of its use:

Sodium citrate being very soluble in water, the method of employment is simple, as follows: An aqueous solution is ordered containing from 1 to 5 gr. to the dram. A quantity of this solution is furnished the mother or nurse with instructions to add to the baby's bottle immediately before feeding enough of the solution to represent 1, 2 or even 3 gr. of the citrate to each ounce of milk in the feeding mixture, according to the prescriber's idea of the requirements. The feeding mixture may consist of varying dilutions of milk with water or gruel with the addition of cane or milk sugar, with or without cream. No alkalies are added, the sodium citrate used being a neutral salt. A most noticeable feature in this method of feeding is the large proportion of milk in the feeding mixture that the infant will tolerate without evidence of gastric disturbance or the appearance of any considerable amount of undigested casein in the stools.

If curds are vomited or appear in the stools, increase the amount of the citrate even up to 3 gr. to the ounce of

milk, unless the indigestion is caused by excess or intolerance of fats. Bring the feeding up to whole milk as rapidly as possible reducing the citrate also, but resuming it upon the appearance of indigestion.

Dr. Allen, his assistant, performed over one hundred experiments with the citrate in connection with milk-rennet, hydrochloric acid and flour and oat meal gruels, and reaches the following conclusions:

"1. Sodium citrate in .25 per cent. or more retards, and very high percentages will inhibit coagulation.

"2. The presence of HCL hastens coagulation.

"3 Diluting milk generally retards coagulation.

"4. Gruels appear to have little or no effect in retarding coagulation more than water when the citrate is used.

"5. The coagula of citrated milk are softer, smoother and more jelly-like or more flocculent than those of milk not thus treated.

"The simplicity of this method commends it, especially in dispensary and out-patient practice where the mother's demand for "medicine" for the baby's dyspepsia may be met by the standard solution of sodium citrate to be administered in teaspoonful dose in each bottle of the feeding mixture. In private practice it furnishes another rational method of infant feeding."

Cardio-Vascular Manifestations in Chorea.

Thayer has made an analysis of 808 cases of chorea treated in the Johns Hopkins Hospital and Dispensary with special reference to cardio-vascular manifestations (Jour. A. M. A., Feb. 27, 1906). He finds that only 3 per

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cent. were colored, supporting the claim that the disease is relative rare in the negro. 28 per cent. were males, and 80 per cent. of the cases occurred between the ages of 5 and 15; 21 per cent. gave a history of rheumatism.

The author's conclusions given below enumerate the other points of the paper:

"1. Of 680 cases of chorea observed at the Johns Hopkins Hospital or Dispensary during one or more attacks,

25.4 per cent. showed evidences of cardiac involvement; such evidence was present in over 50 per cent. of the patients studied in the wards of the hospital.

"2. Cardiac involvement occurred with somewhat greater frequency in those cases in which there was a history of acute polyarthritis than where such history was absent.

"3. Cardiac involvement was commoner in cases of chorea with frequent

recurrences than in those in which there was a history of a single attack.

"4. In 110 cases of chorea treated in the wards of the hospital there was fever of a moderate extent in almost every instance.

5. In a large majority of the cases in which high fever was present there was evidence of cardiac involvement.

"6. There is good reason to believe that the presence of fever in otherwise uncomplicated chorea is, in a large proportion of cases, associated with a complicating endocarditis."

Fractures of the Femoral Neck—Anatomic Treatment.

Ruth states that professional incapacity in the management of these cases is the only justification for the textbook unanimity regarding the unsatisfactory results obtained in the treatment of this injury. He states that from reports of over one hundred cases treated by the "Anatomic Method," he has no hesitation in saying that bone union will occur in nearly every case, if not all, at whatever age and in whatever condition. The essentials of treatment are:

1. Reduction of the fracture by flexing the thigh at right angles to the trunk to bring the line of action of the psoas and iliacus above and away from contact with the anterior surface of the capsule, so that the muscular action cannot force soft parts between the fragments or disturb alignment.

2. Outward pull upon the upper end of the lower fragment by an assistant to bring the trochanter major as prominently on the injured as on the sound side, while traction is made on the limb in the long axis of the body until all displacement and deformity, as in-

dicated in the length of the limbs, position and prominence of the trochanter majors, are overcome.

3. The adjustment of a steady lateral pull on the upper end of the lower fragment, and by Buck's extension and counter-extension to the limb in line with the body to maintain normal length of the limbs.

4. The adjustment of the traction by weight and pulleys to the extremity in line with the body and the lateral pull so that there shall be no tendency to shortening, eversion of the foot, flattening of the hip, or drooping of the great trochanter on the injured side behind and internal to its normal level with the opposite side because of weight or muscular action. Such a plan of extension, counter and lateral extension, will, when properly applied, overcome the action of all the powerful muscles passing over the fracture line.

—*Therapeutic Gazette.*

The Cure of Tonsillitis.

Therman says that the following plan of treating Tonsillitis has proven so successful that he has not had to use the lancet but once since he began to use it (Med. Jour., Jan. 1907).

"Having made my diagnosis, I clean out the gastrointestinal tract well (preferably with broken doses calomel and soda, followed by Epsom salts), then I exhibit the following:

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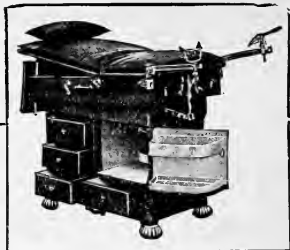
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Abdominal Drainage.

R. C. Coffey, Portland, Ore., (Journal A. M. A., March 16), has experimented with the various methods of abdominal drainage, more especially the physics of tubal and capillary abdominal drainage. By making careful sections of a cast of the abdominal cavity, he demonstrated that the deepest situated portion of the abdominal cavity, in the supine position, is in the flank and that to drain properly from this into the pelvis would probably require the raising of the trunk at an angle of 60 or more degrees, while to drain the pelvis into the flanks would require the raising of the feet very high. In the lateral position, however, almost all the cavities can be drained. His general conclusions are stated by him substantially as follows: 1. Gravity is the chief factor in peritoneal drainage, therefore drainage must reach the most dependent portions. 2. Gauze or capillary drainage is the most widely applicable and useful of all drains, if used in sufficient quantity to preclude its being choked by debris, and provided the drain is as large in circumference at its exit as at any point within the cavity, and provided it is in contact with abundant dressings on the outside. 3. Gauze drainage is a very dangerous agent if the above principles are not



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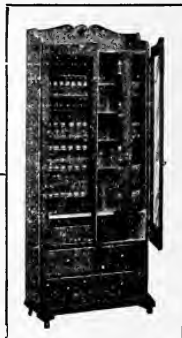
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kept in mind. 4. If a surgeon remembers that his drain ceases to be effective in a few hours, he places it with the idea of removing septic fluid in the shortest possible time according to the principles of drainage, and generally gets results. 5. If he has the delusion that his drain will continue to work for days and that the fluid will flow up hill to get it, he will probably be disappointed. 6. If he habitually removes gauze drains before they are naturally loosened, many of his patients will have secondary septic or postoperative hernia or obstruction. 7. Drainage (except a small precautionary cigarette or tubular drain) can rarely be safely removed before the fifth or sixth day. 8. Capillary drainage is inefficient for defined abscess cavities. 9. Tubular drainage is suit-

able for defined abscess cavities, and may be used for gravity drainage from the peritoneal cavity, but an uncertain drain in the peritoneum. The article is illustrated.

Malaria.

W. Krauss, Memphis (Jour. A. M. A., March 16), says that no region should be uninhabitable on account of malaria and that much of the so-called malaria is something else. He asserts that he has seen tuberculosis, sepsis, gall-bladder disease, liver abscess, dysentery, uncinariasis, chronic nephritis, and visceral malignant disease, in persons who come to him all with the same story of "malaria in the system." Nothing is more amenable to proper treatment than malarial fever, he says, and a

recent infection is almost never anything but a fever. Malaria in the beginning is an infection by one or more groups of one or more varieties of blood parasites whose life function in the body is the destruction of hemoglobin. The segmentation of these parasites starts the well-known symptoms. A resistance is developed and the so-called chronic malaria is, as Krauss believes, a state of relative immunity in which repeated infections produce comparatively slight reactions, a state of symbiosis in which the immunizing contest between the parasite and the blood-making organs is in a state of equilibrium. So long as the patient remains in a malarial climate the condition may become acute through reinfection, especially when assisted by outside influences. The merozoites resulting from segmentation, according to this theory, do not invade new cells, but hibernate somewhere in the organism and become active when reinforced by a new infection, or die when the patient removes to a non-malarial climate, but they do not, *per se*, he declares, produce any paroxysms. Krauss holds that in these cases of chronic malaria without paroxysms or marked cachexia quinin, as well as other factors disturbing the symbiosis, may produce symptoms of intoxication, including hemoglobinuria. The only time to give quinin is when developing parasites are found in the peripheral blood, provided also that the infection is fresh, as shown by a characteristic fever curve. It is his practice in the autumn to give two or three 10 or 15 grain doses of sodium thio-sulphate at desirable intervals until the bowels are freely emptied. Pernicious cases must of course be treated more expeditiously. He advocates especially, fre-

quent blood examinations of persons living in malarial districts, even if well. His conclusions are given as in malarial districts, even if well. His conclusions are given as follows: "1. There is not the shadow of an excuse for failure to make an exact diagnosis in all fever cases. 2. The blood of residents of malarial localities should be examined at frequent intervals. This does not constitute an encroachment on personal liberty that can weigh a feather's weight as compared with vaccination. 3. Fever cases should be treated in accordance with the findings of a thorough blood examination, with special reference to time of dosage and to the complete immunization of the individual for the sake of his neighbors. 4. Quinin judiciously used in accordance with findings of a blood examination, every rarely does harm; its prohibition on the ground of possibly producing a hemoglobinuria is unpardonable; its administration during hemoglobinuria is very dangerous and usually unnecessary; a blood examination will save such patients from almost certain death. 5. The screening of houses and the destruction of breeding places of anopheles should be encouraged so far as possible, but the prophylaxis of malaria and its definite local eradication depends on the destruction of the parasite within its alternative host, man."

Turnip-Top Treatment of Chronic Diarrhea and Dysentery.

C. Wilson and H. E. Pressly, Birmingham, Ala., (Journal A. M. A., March 9), report six cases, four of chronic diarrhea and two of amebic dysentery, microscopically diagnosed, which were successfully treated with a diet of "greens" composed of turnip tops. One of these patients, one going

where the diet was not to be had, suffered a relapse and died, the others continued well. Other vegetables, such as mustard, phytolacca and spinach are also mentioned as having been used to some extent. The attention of the authors was first called to the remedy by the recovery of an apparently hopeless case on "poke salad" (phytolacca) after leaving their care. Of the two cases of amebic dysentery, one patient had tried all the ordinary remedies and was ready to undergo an appendicostomy or an enterostomy if it would relieve him, as his condition was extreme. The other was not so bad, but had given up his work and never expected to be able to take it up. Both made good recoveries under the "turnip greens" diet. Wilson and Pressly have also tried it in two cases of well-defined gastric ulcer, in one successfully. The other patient was nearly moribund, and while he was able to take the diet better than anything else, it failed to save him. The method of cooking is important, as it is very unpalatable if not properly prepared. As prepared as a domestic dish in the South, ordinary bacon is used, boiled half an hour, and then the turnip tops, spinach, mustard or phytolacca tops are added and allowed to boil from one to two hours.

The Salt-Free Diet in Chronic Parenchymatous Nephritis.

Peabody reviews the literature on this subject and reports the results of his work along this line. He quotes Vidal, who was one of the earliest observers to advocate a salt-free diet in parenchymatous nephritis. Vidal considers the object of the treatment to be two fold; to free the system as much as possible from salt, and there-

fore from water, and when this has been accomplished to bring about a balance between the salt in the body and the permeability of the kidneys for salt. He believes that the patient's food should contain only the natural amount of salt, *i. e.*, that none should be added artificially by either cook or patient. In this way the patient will take only about one and a half grains a day.

Owing to the inability of many nephritics to eliminate sodium chloride in a normal manner, the salt retained in the tissues requires a certain amount of water to maintain it in the proper molecular concentration, thus tending to edema. The edema in interstitial nephritis is of cardiac origin and hence the salt free diet is not indicated. He allows this patient a rather liberal diet of coffee, tea, bread, cereals, chicken, fish, potatoes, milk.—*Medical Record*.

Passage of the Methylene Blue from the Mother to the Fetus.

S. H. Corrigan, Sioux Falls, S. D. (Journal A. M. A., March 16), reports the observation of a healthy new-born infant whose urine for the first eighty hours after birth left a blue stain on the diapers, the color gradually disappearing. The mother had been taking methylene blue during a large part of her pregnancy for chronic cystitis. There was no evidence of the drug in the liquor amnii nor any trace of it on the sheets or pads used during labor. From these facts he assumes that methylene blue passes from the maternal to the fetal circulation, and, there being no evidence of it in the liquor amnii, the fetus does not evacuate the bladder before birth, and its kidneys do not excrete it beyond the amount contained in the bladder at the time of birth.

Specific Medication in the Treatment of Tuberculosis.

Sawyer states that two years ago he reported 14 early-stage cases of pulmonary tuberculosis treated with the watery extract of tubercle bacilli and all of them were at that time apparently cured and in good health. That today, two to eight years after their discharge they are all living except one case which contracted pneumonia. He reports 38 other cases of early tuberculosis which he has treated and discharged since his former report. All of these were treated with the watery extract and all have apparently gotten well and remain so at the present date.

NOTICE—State Board of Examiners meet June 5 at Morehead City, N. C.

NEWER MATERIA MEDICA.

The Anemias of Childhood.

The anemias of early life are usually sequels of the acute diseases common to this period. The exanthemata are especially liable to be followed by a depreciation of blood quality, and a protracted convalescence often depends on this one condition alone. Moreover, the frequency with which physical stigmata or infirmities actually date from an attack of measles, scarlet fever, diphtheria or any of the other similar diseases of childhood, can often be properly laid at the door of insufficient or improper care during the very important stage of convalescence from these diseases.

It should be recognized that the hematogenic function while exceedingly active in childhood, is yet very susceptible to all inhibitory influences, among which the toxins generated in the course of the acute diseases are

The Therapeutic Gazette states that it seems to be pretty well decided that ethyl chloride is by no means as safe as it was at one time thought to be, and that it occupies a position between chloroform and ether as to its danger, although it approximates the danger of chloroform much more closely than it approximates ether, the death rate being given at from 1 to 2,500 to 1 to 8,000. They quote Darnell, who uses ethyl chloride in conjunction with ether. He believes that a certain number of accidents are due to a want of experience on the part of the administrator, and he calls attention to the fact that just as much skill is required in the administration of ethyl chloride as in the administration of ether.

most common. When a storm infection of measles, scarlet fever or any of these similar ailments is passed, there must follow a period of reconstruction. If the damage has been slight as a result of a light storm or an unusually strong structure, the reconstructive process places little demand on the resources of the individual. But if the storm has been unusually severe and the structure ill-prepared to meet its fury, the rebuilding process is certain to be long and laborious. Deficiency in the quality of the blood is one of the greatest handicaps at this time, and the clinician should recognize this as one of the most important indications for therapeutic assistance.

The action of Pepto-Mangan (Gude), is always very marked in these cases, and it is interesting to note how rapidly children respond to its up-building influence. A marked increase

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in hemoglobin at once follows its use and the red cells multiply rapidly. With improvement in the blood constituents there is a corresponding increase in the whole bodily tone, and it only takes a few days to carry the average patient safely away from the dangers of a trying period.

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the youngest infant. It has marked alterative properties, and in strumous or marasmic conditions it is especially valuable. It is absorbed rapidly, and is never rejected by even the weakest stomach.

In early life its administration is best effected by giving it in milk, and the dose should range from ten drops to two teaspoonfuls, depending, of course, on the age of the patient.

Rheumatism.

We know now that rheumatism means retention chiefly of uric acid. The first thing to do is to stimulate organic activity and the skin here is an active ally. Calcium carbonate compound will dispose of uric acid more promptly than any other preparation. A ten-grain tablet should be given three times a day with a glass of barley water. Saline Laxative (Abbott) one teaspoonful every morning will prove the best saline. Here as in most other diseases of toxic origin the bowel requires to be kept free from pathological bacteria. The sulphocarbolates will do this work promptly and thoroughly. Calcidin (Abbott) together with macrotin and bryonin will relieve pain promptly and prevent changes in muscular tissue and joints. The man who is not familiar with the efficacy of magnesium sulphate solution in this disease should apply to the red and swollen joints so often seen in rheumatism compresses wrung out of a saturated solution of epsom salts, epsom salts one ounce, water one quart.

Deranged Uterine Functions.

James A. Black, M. D., Morganza, Pa.

It is safe to say that to the average physician, who is confronted almost daily with the ordinary cases of suppressed and deranged uterine function, no other class of cases is so uniformly disappointing in results and yields so sparing a return for the care and time devoted to their conduct.

Patients suffering from disorders of this nature are usually drawn from the middle walk of life, and, by reason of the pressure of household duties or the performance of the daily tasks incidental to their vocation, are entirely un-

able, in the slightest degree, to assist, by proper rest or procedure, the action of the administered remedy.

Many of these aptients, too, suffer in silence for months, and even when forced by the extremity of their sufferings to the physician, shrink from relating a complete history of their condition and absolutely refuse to submit to an examination. Authoritative medical teaching and experience unite in forcing upon the attendant a most pessimistic view of his efforts in behalf of these sufferers under such conditions.

It is in this class of practice, where almost everything depends upon the remedy alone, that a peculiarly aggravating condition of affairs exist. A very limited list of remedies of demonstrated value is presented for selection, and I believe I am not wide of the mark in saying that, in the hands of most practitioners, no remedy or combination of remedies hitherto in general use has been productive of any-thing but disappointment.

Some time ago my attention was drawn to Ergoapiol (Smith) as a combination of value in the treatment of a great variety of uterine disorders. Its exhibition in several cases in my hands yielded such happy results that I have used it repeatedly in a considerable variety of conditions, and with such uniformly good results that I am confirmed in the opinion that its introduction to the profession marks an era in modern therapeutics. In the treatment of irregular menstruation and attendant conditions I have found it superior to any other emmenagogue with which I am familiar, in the following particulars:

- 1 It is prompt and certain in its action.

2 It is not nauseating and is not rejected by delicate stomachs.

3 It is absolutely innocuous.

4 It occasions no unpleasant after-effects.

5 It is convenient to dispense and administer.

The following clinical notes will afford a general idea of the action in a variety of cases:

Case 1. Mrs. — came to me presenting the following symptoms incident to a delayed menstruation: Persistent headache of a neuralgic character; dull, aching pain in limbs and lumbar region; cramp-like pains in abdomen, and considerable nausea. The menstrual period was overdue seven days, but as yet there was no appearance of flow. Her periods had always been occasions of intense suffering, but had never before been delayed. I began the use of Ergoapiol (Smith), with some misgiving owing to the irritable condition of the stomach. One capsule every three hours was administered without any aggravation of the gastric distress. In twenty hours a normal menstruation was well under way; the flow was slightly increased over the observed on former occasions. The pains had subsided. Ergoapiol (Smith) was administered, one capsule three times a day, during the menstrual period, which terminated in five days. The patient was instructed to return for a quantity of the remedy several days before the next menstrual period. She did so, and following directions, took one capsule three times a day for three days before expected menstruation. She subsequently reported that during the period—lasting five days—there had been practically no pain, and the

amount of flow was, as far as she could judge, normal.

Case 2. Miss —, aged thirty, has been a sufferer for years with dysmenorrhoea. For about three years had suffered with leucorrhoea, particularly annoying after each menstrual period. Had undergone treatment at different times for the leucorrhoea and dysmenorrhoea, but had never experienced permanent benefit. She had been obliged to spend the couple of days of each period in bed. She consulted me about one week before her period. Examination revealed a purulent discharge oozing from os cervix and a rather large uterus. There was no displacement. She was put upon Ergoapiol (Smith), one capsule three times a day. The onset occurred one day earlier than expected and was attended with considerable pain. The patient was, however, able to attend to her usual duties, a state of affairs such as had not been experienced for some years. At the onset of the flow Ergoapiol (Smith) was administered, one capsule every two hours. The effect was astonishing. In eight hours the pains had well-nigh subsided and there was practically no discomfort, except some pain in back.

Case 3. Miss —, aged twenty-one, had suffered for two years with irregular and painful menstruation. Had commenced to menstruate when sixteen, menses being very scanty, but regular and accompanied with but slight degree of suffering. Was never of a very robust physique, but in the main healthy. When about nineteen considerable nervous trouble was inaugurated by grieving over a great bereavement, and the menses became more and more painful. The anguish

became such a horror to her that she frequently resorted to morphine, partly to ally pain and partly to procure sleep. Fortunately she had not, as yet, contracted the habit, but the tendency was undoubtedly in that direction. When first consulted by her, examination was not granted. Menses appearing shortly afterward, was called upon to afford relief. Flow was very scanty and clot-
 ted. There were sleeplessness, terrific headache, pain in back, constipation, etc. Ergoapiol (Smith) was administered, one capsule every three hours. Flow was considerably increased, there was a gradual lessening of all the suffering, and almost complete relief in twelve hours. This young woman has been placed upon Ergoapiol (Smith), one capsule twice daily for one week preceding appearance of menses, and has passed through several periods with very little suffering. An examination made recently showed a marked retroversion and very sensitive servix. A properly applied supporter will doubtless work considerable benefit in her case, but it cannot be disputed that the comparatively easy menstruations occurring recently, in spite of the displacement, were due entirely to Ergoapiol.

Case 4. Miss —, age eighteen, had always been regular in menstruating. Could get no history of any previous disorder within patient's knowledge. Contracted a heavy cold about time of menstrual epoch, and was much alarmed by non-appearance of flow. Discomfort was not marked. Ergoapiol (Smith), one capsule three times a day, was prescribed. Reported later that flow was established in twenty-four hours after treatment was com-

menced. The delay in this case was about four days.

Case 5. Mrs. — consulted me, giving the following history: Three months previously had had a profuse uterine hemorrhage occurring about the time of menstrual period. As she had for a number of years menstruated only at intervals of about six or seven weeks, the fact that menstruation has been suspended for six weeks before the date of trouble was not especially significant. The hemorrhage, which was at no time alarming, had continued for several days. Since that time there had been an almost constant wasting and at times a considerable flow. Her condition was practically invalid. Examination revealed a gaping os, a cervix exceedingly tender and abraded, and a large uterus. Before resorting to curettement it seemed advisable to try other measures. Ergoapiol (Smith), one capsule every three hours, was prescribed. In about twenty-four hours there was a decided increase in the discharge, which consisted of clots and considerable debris. There were some pains of a cramp-like nature. The discharge began to grow less in about four days and ceased entirely in one week. There was a marked improvement in general condition. Local treatment entirely removed the tenderness and abraded condition of cervix, Ergoapiol (Smith) was administered several days before next menstrual period and resulted in a very satisfactory period. In this case it appears to me the remedy saved the patient the ordeal of curettement, getting as a prompt uterine stimulant. Her condition locally and generally has since steadily improved.

Sanmetto in Enlarged Prostate and Chronic Cystitis, Irritable Bladder and Urethra.

I have used Sanmetto in enlarged prostate and chronic cystitis in old men, with marked good results, and observed that there was decided aphrodisiac effects; also in irritable bladder and urethra in the early months of pregnancy, with very happy results.

M. A. RUSH, M. D.

Anderson, Ind.

Dear Doctor.

With our March, 1907. pamphlet, we commence the issue of a series of 18 illustrations of dislocations, the first being Bilateral dislocation of the jaw. These illustrations will complement our illustrations of long bone fractures, and the two series will make a valuable collection of the busy practitioner. Physicians who are not on our mailing list can get them free, by application, to Battle & Co., St. Louis.

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NOTICE—The State Board of Examiners meet June 5th at Morehead City, N. C.

To guard the functions of the heart is characteristic of the therapeutic action of Cactina Pillets. This conclusion reached by Myers more than fifteen years ago has been fully sustained by clinical experience. According to Myers, its power to increase the muscular motor energy of the heart, elevating the arterial tension and increasing the height and force of the pulse wave, makes it a cardiac tonic stimulant of importance in the treatment of irregular and feeble heart action.

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Logansport, Ind.

Bulgarians are the longest lived people in the world, according to statistics just published. But, asks an exchange, what's the use of living a long time in Bulgaria? Is not this a paraphrase of the famous comment on the camel: This animal can go ten days without a drink; but who wants to be a camel?

Salicylic Acid Compounds, when used as preservatives, are, according to Dr. Wiley's experiments, sufficiently injurious when taken continuously to exert a depressing and harmful influence upon digestion. As food can be preserved in an unobjectionable way without their use, there is really no good reason why they should be retained.

BOOK REVIEWS.

THE HARVEY LECTURES — Delivered Under the Auspices of The Harvey Society of New York, 1905-06, by Profs. Hans Meyer, Carl VanNoorden, F. G. Novg, W. H. Park, L. F. Barker, F. S. Lee, L. B. Mendel, T. H. Morgan, C. S. Minot, J. C. Webster, Theobald Smith, W. H. Howell and Dr. P. A. Lexene, from the Press of J. B. Lippincott Company—A few Words Regarding this Society will be of Interest.

The Harvey Society was organized during the spring of 1905 through the efforts of Professor Graham Lusk. Its avowed object is the diffusion of the medical sciences by means of public lectures. It is the result of a feeling that the medical profession would welcome an annual series of lectures, dealing with what is generally considered the purely experimental side of medicine, and given by those who devote their time to experimental work.

The results of research work, both in this country and abroad, are generally published in specialized journals, of which a very large number exist. On this account, much that is of value to the medical practitioner, already overburdened with clinical literature, is either lost to him completely, or greatly delayed in reaching him. The Harvey Course is designed to remedy this condition. The lectures are not intended to be merely accounts of experimental work done by the lecturers, except in rare instances. They are rather to be a broad presentation, from the laboratory point of view, of subjects of general interest. The presentation includes a resume of the experimental work done on the subject, and a critical review of

this work in the light of the most recent advances. The lecturers are selected on account of a special adaptation, through their own research work on the subjects presented by them.

It is the plan of the society to give an annual course of about ten lectures, during the winter months. Through the kindness of the Council of the New York Academy of Medicine, permission has been granted to announce the lecture course as being given under the patronage of the Academy, and the lectures are delivered in the Academy building.

In the course of the past year, the first of the Society's existence, thirteen lectures were given. The cordial reception they received has removed all doubt concerning the success of the undertaking and the desire for such a course.

To any physician of inquiring mind, one who desires to know the "how" and "why" of scientific matters this book of lectures will be a treat.

AMERICAN MEDICAL DIRECTORY. Vol. ume I. A Register of Legally Qualified Physicians of the United States and Canada. Chicago, Illinois. American Medical Association Press, 103 Dearborn Avenue.

The editors state that the American Medical Directory, the initial edition of which is herewith presented, is the first attempt which has been made by the medical profession itself, through the American Medical Association, to produce such a work. Its preparation, long contemplated, has occupied nearly two years. So far as possible, it is based on the official records of state

licensing boards, medical colleges and medical societies. In connection with its compilation, a systematic examination and a revision of these records have been undertaken. Many contradictions and discrepancies have been found, which have been corrected so far as time would permit. The collection of biographical material regarding the personnel of the medical profession will be continued. It is hoped, in subsequent editions, to supply the deficiencies and to correct the errors found in this first edition.

With the exception of certain states, in which complete records did not exist, and of certain individual physicians not in practice, only the names of legally qualified physicians have been included. The date of license given indicates the date of registration and not necessarily the date of beginning practice.

We bespeak a hearty reception for this work by the profession and a just recognition to its value. It is a volume of 1500 pages nicely bound and edited.

PARAFFIN IN SURGERY. A critical and clinical study by Wm. H. Luckett, M. D. Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York and Frank I. Horne, M. D. Formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12 mo.; 38 Illustrations; 118 Pages. Surgery Publishing Co., 92 William Street, N. Y. City. Cloth \$2.00.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by these authors in the use of Paraffin have exploded many fallac-

ies previously maintained. It presents the Chemistry of Paraffin, the Early Disposition of Paraffin in the Tissues, Physical state of the Paraffin bearing on its Disposition, the Ultimate Disposition of Paraffin, Technic and Armentarium. It thoroughly covers the use of Paraffin in cosmetic work such as Saddle Nose Deformity, Depressed Scars, Hemiatrophia Facialis with a large number of photographs showing cases before and after operation, with illustrations of micro-photographs of the Disposition of the Paraffin in the Tissues. It also presents other conditions of a functional character, where Paraffin can be used with service such as Incontinence of Urine, Umbilical, Hernia, Umbilical and Ventral Hernia, Epigastric Hernia, Inguinal Hernia, etc. The subject is presented in a scientific yet comprehensive manner.

Full details are given as to the method of Preparing the Paraffin as well as the method and manner in which it should be injected. This book presents a wide field for the use of Paraffin and a copy should be in every physician's library. It is printed upon heavy coated book paper and attractively bound in the best quality of heavy red cloth, stamped in gold.

Jewett's *Obstetrics* is too well known to require an extended introduction. His *Essential of Obstetrics* is likewise deservedly favorably known.

The object of this book is to place the Essential facts and principles of Obstetrics within easy grasp of the student. It is intended as an introduction to the more elaborate treatise, and as a guide in following the didactic and the practical teaching of the college course.

THE EAR AND ITS DISEASES. A Text-Book for Students and Physicians. By Seth Scott Bishop, B.S., M.D., LL.D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 Colored Lithographs and 200 Additional Illustrations. Royal Octavo, 440 Pages. Bound in Extra Cloth. Price, \$4.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

In inviting the attention of the profession to this most useful volume, we thought best to quote from the author's preface as follows:

"This book is the result of the writer's experience growing out of his work on 'Diseases of the Nose, Throat and Ear.' The unprecedented sale of the latter book, its early adoption by a large number of the medical schools of the United States and Canada, and the generous criticisms and valuable suggestions of the reviewers confirmed his belief that there was a need for such a treatise presenting the subject in a concise, plain, and copiously illustrated manner. The section on the ear, however, was so abridged, containing no divisions on the anatomy and physiology of that organ, that some teachers recommended it as a text-book on the nose, pharynx, and larynx, rather than on the ear.

As it was purposed to keep the book within the limits required for the convenience of the student and general physician, for whom it was intended, it was not thought wise to alter the original design, but, rather, to produce a more complete and separate work on

the ear, embracing the anatomy and physiology and other subjects that were not within the scope of the first book.

It has been the endeavor in the present treatise to divest the subject of unnecessary and confusing verbiage, and to offer as simple and interesting a presentation of the essentials as their nature admits. A large number of the illustrations in this part are from preparations and sections made by the writer, and the illustrations in the other portions are mostly drawn from the author's clinical and private practice. Indeed, the principal features of the work are based upon a practice extending over twenty-five years, from which it is judged as to what information would be superfluous, and what most useful, to the student and practitioner."

In the opinion of the reviewer the physician who adds this volume to his library will find its teaching clear and concise and from the pen of a practitioner whose opinions are to be trusted.

SURGICAL ASPESIS. A new Practical Book for Every Practitioner. Especially adapted to Operations in the Home of the Patient. Over 200 Pages. Large 12mo. Cloth \$1.20 Net. By Henry B. Palmer, M. D., Consulting Surgeon to the Central Maine General Hospital. F. A. Davis Co. Publishers, Philadelphia, Pa.

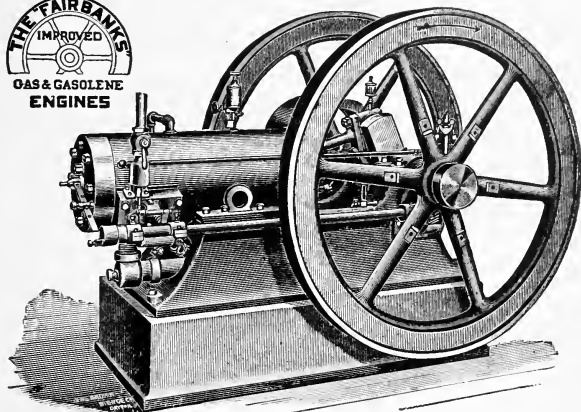
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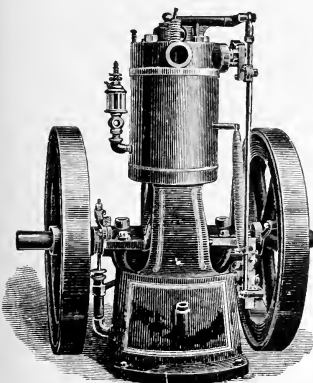
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The Annals of Surgery is well recognized as our leading surgical publication. The February and March numbers contain a number of articles of exceptional interest. In the March number the leading monogram is an exhaustive article by William B. Coley on Sarcoma of the Long Bones. Deaver reports the operations at the clinics for students at the German Hospital. Pilcher reports two cases of Glanders. Morgnihan has an interesting article on Stomach Surgery in the February number.

TRANSACTIONS OF THE MEDICAL SOCIETY of the State of North Carolina. Fifty-Third Annual Meeting Held at Charlotte, N. C., May 29, 30 and 31, 1906. President, Dr. Edward C. Register, Charlotte, N. C.; Secretary, Dr. J. Howell Way, Waynesville, N. C. Edited for the Society by J. Howell Way, Waynesville, N. C.

The transactions of the Medical Society of the State of North Carolina for 1906 have been received. The transactions this year are by far the best and fullest that have been received, being a volume of nearly 900 pages. It is a credit to the State Society and to its editor, N. J. Howell Way.

An unalterable formula should not be used by the physician who deals with variety of cases, ages and circumstances.—Jacobi.

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When "Jim" Hill, a "rank outsider" in the railroad game, was building the Great Northern he ran up against the hostile influence of Jay Gould, then in control of the Union Pacific. Gould's influence at Washington was keeping Hill's road out of government land in the Northwest. Ordinarily a quiet man, Hill was a tiger when angry. "In one of these rages," writes Paul Latzke in the April *Everybody's*, "Hill started for New York to interview and reason with Gould. That gentleman, jumping carelessly to the conclusion that the man from the Northwest had come to capitulate, admitted him joyously to his presence. There was only one witness to this interview, and as he told me the story, it is absolutely unfit to print until after the tenth or twelfth minute. By that time the enraged visitor had delivered himself of a stream of language that reduced the great Wizard of Wall Street to a limp, shivering heap. Having carried diplomatic negotiations thus far, and having overcome all the efforts of Mr. Gould to talk back, Mr. Hill got down to the real business of the day in words something like this:

"'You've played the — hog in this matter just as long as you are going to be permitted. Unless you call off your — Washington bushwhackers at once, I'll tear down the whole — business about your ears. I'll let the people and the press know what this opposition means. I'll go to Washington and camp there until I nail every one of your crooks to the doors of the Capitol by their — ears. I'll—'

"But Mr. Gould has had quite enough. As soon as he could make himself heard above the storm, he ventured that perhaps he had been a little persevering, and promised to see that it didn't occur again."

HOW DOTH THE SIMPLE SPELLING BEE by Owen Wister, Author of "The Virginian," "Lady Baltimore," etc., etc. With Illustrations by F. R. Gruger. New York, The MacMillan Company; London, The MacMillan Co., Ltd. Price 50 Cents. All Rights Reserved.

Mr. Theodore D. Buhl, President of the firm of Parke, Davis & Co., died very suddenly on April 7th. In his death, the country loses a citizen of the highest worth.

The strength which he gave Parke, Davis & Co. and all the many enterprises in which he shared, signally exhibits what the world should realize especially at this hour—that rich men of unflinching honesty and sound judgment are of inestimable value to their communities. They are the employers of labor, the authors of new industries, the creators of new values, the pioneers who open up vast avenues of opportunity for their followers. As they succeed or fail, the comfort, the very bread, of thousands is assured or endangered. We hear much these days of unscrupulous, predaceous wealth, but what of the type of Theodore Buhl—what of the men who consider the trust of their fellowmen the best of their possessions, who have a horror of stock-jobbing methods, who never seek an unfair advantage, who never lend their names to a dubious enterprise?

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M. To be taken in a single dose on going to bed.—*Journal de Medicine de Paris*.

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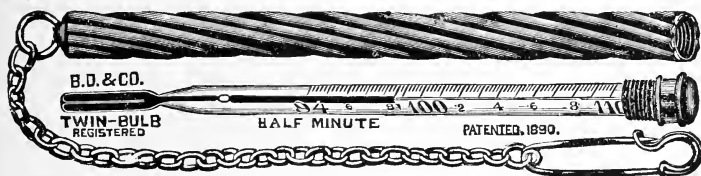
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In an action at law recently brought by Messrs. Sander & Sons, Bendigo, Australia, at the Supreme Court of Victoria, and tried before His Honor the Chief Justice Sir J. Madden, K. C. MG, L.L. D., against a party who tried to foist an eucalyptus preparation upon the market in a similar package to that in which the genuine "Sander & Sons" Eucalyptol" is contained, thus practising the grossest form of substitution, it was shown that this imitation was a crude, unrefined eucalyptus oil, containing all irritating substances and possessing no antiseptic power whatsoever.

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There are many degrees between an absolutely inert and injurious article, and one which was proved by expert witnesses at this tribunal of justice to be absolutely pure and scientifically standardized, viz: the genuine "Sander & Sons Eucalyptol." But mediocrity has no place in medicine and only the best and absolutely reliable article will make and maintain the doctor's reputation. Thus the necessity for observing strictest adherence to most scrupulous discrimination in securing an approved product is once more convincingly substantiated by the foregoing.

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SELECTIONS FROM OUR EXCHANGES.

A Case of Asthma Treated With Adrenalin Chloride.

By Wm. F. Clemesha, M. D., C. M., Port Hope, Ont., Canada.

T. H., an elderly man, contracted some three years ago, in the spring, what was thought at the time to be a bad cold. There was considerable wheezing and coughing, which resulted in the raising of quantities of tough mucus or muco-purulent material. Various cough medicines and tonics were used with more or less success; but the relief obtained, however, invariably proved temporary, and the patient steadily grew worse.

Different drugs were almost continually used, sometimes with a considerable measure of relief, but always to terminate in the inevitable relapse. Finally, when both patient and physician were despairing, Adrenalin Chloride (1:1,000) was given, with marked beneficial result.

It is now about three months since the administration of Adrenalin was commenced. At that time the asthmatic attack began about 4 or 5 o'clock in the afternoon and continued more or less intermittently throughout the night. The patient could obtain but little sleep, and was getting into a very bad state indeed.

The Adrenalin, when first used, was given in 10-minim doses hypodermatically, late in the afternoon, and this dose had quite often to be repeated two or three times during the night; but as the patient complained of an unusual feeling of lassitude and weakness on the following morning the amount was decreased to from 5 to 7 minims. This dosage is still continued daily.

In from three to five minutes after the Adrenalin was injected the patient

felt much quieter. Free, deep respirations could be taken, and after the coughing up of two or three small amounts of tough, viscid mucus, a quiet sleep ensued for from three to five hours, from which the patient was awakened by another attack of wheezing and coughing that demanded a second dose of Adrenalin to subdue it.

A marked improvement, however, has been gradually taking place. Instead of the attacks commencing late in the afternoon, their appearance is postponed until the evening; and even their severity is often so slight that the patient is able to sleep until midnight, when the one dose of Adrenalin is sufficient to procure rest for the remainder of the night.

The patient assures me that he feels much better than he did three months ago. The cough has lessened, the amount of bronchial secretion has decreased and is more easily expectorated, while the increased amount of sleep is, of course, proving beneficial.

The drug is still being used hypodermically, with, so far, no bad result. When injected there is a blanching of the skin near the site of injection. This is soon followed by a reddening of the same area, accompanied by considerable burning, and when this has in turn disappeared, a soreness persists until about noon of the following day.

An attempt was made to have the patient take the drug by the mouth, but this was not successful, as the Adrenalin exerted but a small amount of its beneficial action.

—Medical Council.

The State Board of Examiners meet June 5 at Morehead City, N. C.

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The Osteopathic Vertebra Put Into Place.

Just as these pages are being reduced to type, The Post-Graduate, for December, 1906, presents its appearance, and our eye falls on the following editorial paragraph relating to the demands of the osteopaths for a separate state board of examiners. It is such a clear exposition of the situation that we quote it in full and commend it to those interested:

"It is claimed in some quarters and 'almost intimated in Dr. Van Fleet's 'article,¹ that the reason for the necessity of one board is in the determination of the osteopaths to secure a 'board for themselves. When osteopathy, like homeopathy and eclecticism, 'comes to be a set in medicine embracing all the departments of medicine 'and surgery, it will be time enough 'to talk about giving them a separate 'Board of Examiners and about the 'injustice of not granting it. The cases 'are not parallel. The Homeopathic 'practitioners and the Eclectics, so 'long as they were recognized by the 'State with their separate State Societies, as an organized society of practitioners, were entitled to a Board 'of Examiners, but a band of confederate charlatans, no matter how many 'rich and wise people consult them, no 'matter how many people report the 'cases cured when the regular profession had abandoned them, so long as 'they have not a chartered existence 'with complete system of instruction 'in all departments of Medicine and 'Surgery, have no right to ask the 'State for a separate board, no right 'to complain of injustice because they 'haven't it. As has been said to them 'over and over again, they have only 'to learn the principles of anatomy,

'physiology, chemistry, and all that 'constitutes a medical education just 'as the other sects are compelled to 'do, to be allowed by the State to practice as they will with osteopathy, or 'Christian Science, or Chinese vegetable and animal mixtures, but we do 'not believe that the Legislature after 'hearing the case out, will ever give 'them a separate board. Much as we 'desire the success of Dr. Van Fleet's 'plan, we can not consider that there 'is any argument for it in the clamor 'of the Osteopaths for a separate 'Board because each of the three 'schools of Medicine has one."—*Editorial in Buffalo Medical Journal*.

¹Published in Post-Graduate, Oct. '06.

Sure Sign of Death.

The fear of premature burial is widespread, and in those countries where interment is customary within a short period of apparent death, is not wholly groundless. Various simple tests have from time to time been proposed, but have not found general acceptance. It is now stated in the Medical Press that sulphurous gases are generated in considerable quantity in the lungs after death and escape through the nose some time before the usual signs of putrefaction become evident. If a small piece of lead acetate test paper be placed under the nose or introduced into one of the nasal fossæ the black reaction due to the formation of lead sulphide is a certain sign of death. It is generally evident twelve hours after death, but may be delayed for twenty-four hours. The reaction is stated to be invariably given after absolute death, but never in cases of apparent death. It can be applied by anyone.—*International Therapeutics*.

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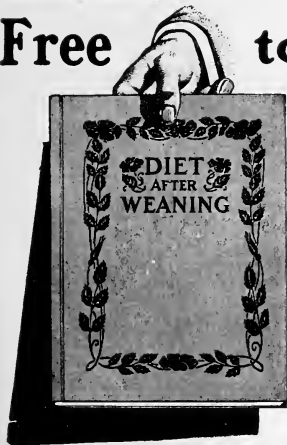
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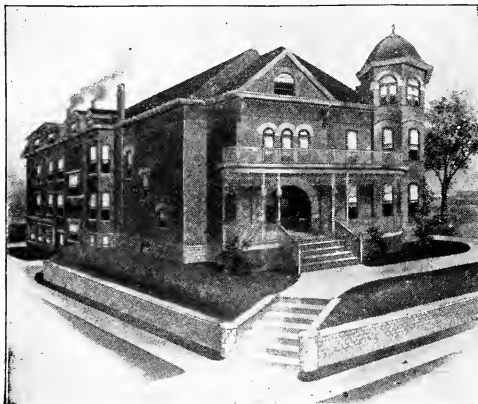
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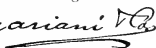
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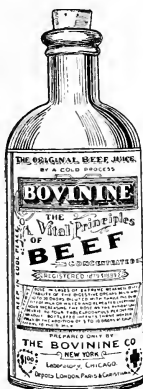
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ORIGINAL COMMUNICATIONS.

Progress in Chronic Valvular Lesions.

(By MANFRED CALL, M.D., Richmond, Va.,
Acting Professor of Medicine, Medical
College of Virginia.)

The subject I have chosen as the basis of my remarks to-night, is one with which we are all more or less familiar, especially is it of interest to those who are engaged in the study of internal medicine. In its discussion we will consider only those chronic lesions that affect the left heart, stenosis and regurgitation of the mitral and aortic valves, omitting those cases, where, with intact valves we have relative insufficiency of the mitral as a part of cardiac muscle failure.

In this connection it is of profit to consider the significance of murmurs. The time has passed (and let us give thanks) when the diagnosis of a valve defect is based on the evidence of a murmur alone, and the patient imme-

diately relegated to the class of incurably and hopelessly diseased.

A tyro can hear a murmur, in fact, oft times hears too many. A wise man will not infrequently be wise enough to confess his inability to interpret the same. In other words all of us hear murmurs but in many instances none of us can solve the riddle, whence they come. Even so astute a clinician as Balfour, and his recognition of the fact is proof of his astuteness, calls the pulmonary area, the area of romance, for reasons easily imagined.

In the Presbyterian Hospital Report for 1900, Kingsbury, in 83 out of 720 cases, found marked changes in the valves of the heart without murmur during life, while in 102 cases in which murmurs were heard, the valves appeared normal. This is rather startling if we are in the habit of supposing the heart to be organically diseased because we hear a murmur; and in the absence

of a murmur presume it to be organically sound.

But granting the existence of a valve lesion, with or without a murmur, our investigation has just begun and the most interesting part of our work yet remains. To what extent is the valve damaged (influencing as it does the muscular structure of the heart)? What is the danger attending that particular lesion? How far will the heart muscle respond and compensate for the disturbed circulatory equilibrium? From the prognostic viewpoint this last is, without doubt, the most important.

The ultimate result of all chronic valve lesions depends practically on one factor and one only, and that is the condition of the myocardium. Other factors may be present, such as the development of an increased resistance to the circulation, that is affections that put increased work upon the heart or lower its nutrition, but they are subsidiary and of importance chiefly as they affect the invocardium.

Considering these points somewhat in detail, we can establish the extent of the lesion by the character of the murmur, if present, by the modification of the heart sounds, by the pulse and the evidences of a disordered circulation, by the degree of cardiac enlargement, (hypertrophy or dilatation, or both combined.)

In regard to the first point, the character of the murmur, a loud murmur is usually of less significance than a faint murmur, for it has behind it either a powerful systole or a vigorous movement of blood in the vessels. A long regurgitant murmur is of less serious import than a short murmur, especially if the latter be diastolic (Cabot).

The modifications in the character of a murmur while under observation, may

justly cause the utmost solicitation, for instance, in the third stage of mitral stenosis when there may be a complete disappearance of a pre-existing murmur with only a snapping first sound remaining. Should a murmur replace, rather than accompany a sound with which it is associated, a more extensive valve defect is indicated.

What change has taken place in the relative intensity of the other valve sounds, remembering that in early life there is normally an accentuation of the pulmonary second sound? Under 10 years, 90 per cent; 10-20 years, 66.2-3 per cent; 20-29 years, 50 per cent (Cabot).

The significance of the pulse varies with the different valve lesions. It is not always a trustworthy sign of the extent of a valve lesion or of the efficiency of compensation. Irregular pulse in the course of mitral disease is of far less consequence than in aortic lesions, in the former case being frequently due to changes in the intrathoracic pressure during inspiration and expiration.

The evidence afforded by the three cardinal symptoms of heart disease, namely, dyspnoea, enlargement and tenderness of the liver, and edema are of value. They are of more service, however, in judging of the efficiency of compensation.

The degree of hypertrophy and dilatation is of importance in estimating the extent of the lesion; it is of far greater importance as an index of the adaptive capacity of the heart. The occurrence of one or the other of these conditions, or simultaneously, is governed by well recognized laws which materially aid our understanding of the process. They are taken from Sahli.

I. Any heart chamber which suffers, an increased pressure during systole,

hypertrophies. Corresponding to the greater amount of work, its muscles increase in thickness without an increase in the size of the cavity (primary hypertrophy). Note there is no occasion for an increased volume of blood in the cavity.

The muscle is here strengthened by a gradual increase in the work it has to accomplish, provided such increase of work is within its range of power. The intra-cardiac pressure furnishes the stimulus to hypertrophy. There is no disturbance of innervation, and the inherent irritability of the heart muscle is unimpaired. The hypertrophy which thus ensues is a conservative process.

2. Every heart chamber that suffers an increased pressure during diastole becomes enlarged (primary dilatation). Note there is an increased volume of blood in the chamber coming at a time when the fibres are relaxed, producing a dilatation even when there is no inherent weakness of the muscle fibre. The cavities are emptied with each systole. (Secondary hypertrophy may follow.)

The dilatation thus induced is detrimental in that an increased volume of blood has to be handled with each systole demanding a more marked hypertrophy for the efficient performance of the work of that chamber, a work however still within its range of power.

3. Where the conditions for primary hypertrophy and dilatation occur together, the two processes may take place entirely independent of each other.

4. In addition to a primary dilatation, a secondary dilatation may occur if the heart for any reason is unable to contract fully and so suffers increased pressure during diastole. (Secondary or paralytic dilatation.)

Dilatation of the left auricle is less dangerous than dilatation of the left ventricle for the former is reinforced by the systole of the right ventricle and the blood in the pulmonary vessels; while in left ventricular dilatation the only back-stop is the mitral valve, and with a progressing dilatation, this valve will soon be the subject of a relative insufficiency with its attendant dangers.

Hypertrophy and dilatation make possible compensation which may be said to be fully established "when the disturbed equilibrium which the valve lesion would otherwise produce on the circulation is neutralized by these processes, and the heart responds to extra demands with no embarrassment to the circulation as evidenced by undue respiratory distress or signs of general venous stasis."

Compensation is a prerequisite, then, to a favorable prognosis, and myocardial sufficiency is a prerequisite to efficient compensation.

What determines the degree of myocardial sufficiency? Many factors have their part, among the most important are etiology, valve affected, diseases of other organs and tissues.

The variety of endocarditis that has caused the valve defect is important. Those resulting from an attack of acute endocarditis, after the damage has been done, are as a rule stationary, except certain cases of stenosis. In fact some of the cases thus produced even after the second attack of endocarditis has cleared up have by proper treatment as instituted by Caton resulted in a complete disappearance of all demonstrable signs of valvular disease. Such cases, however, as well as those that do not disappear, are predisposed to future attacks is any subsequent general or special infection; and the prognosis

hinges more or less on our ability to prevent such infections. Those cases of valve disease due to chronic endocarditis are necessarily progressive with increasing extent of the lesion, and so the secondary effects on the heart itself.

The time of life at which the lesion occurs is a matter of moment, and with this factor may be considered the recognition in and management of children convalescent from endocarditis. With this class of patients, remember how apt an endocarditis, due to rheumatic infection or tonsillar involvement, is to escape notice unless a routine physical examination of the heart is made from day to day. In childhood, the occurrence of a carditis, peri-, myo-, endo-, frequently occurs with no joint manifestations or characteristic symptoms to suggest the true nature of the process. A pericarditis or endocarditis occur; damage invariably results to the myocardium; it remains unrecognized and the child runs about and plays without let or hindrance. The work which the normal heart could easily accomplish is now increased by the structural change which has occurred. In early life, the heart is still developing and its muscle substance is capable of active growth. To this fact some would ascribe the enormous enlargement of the heart that frequently takes place. In such cases a condition of hypercompensation, if I may call it such, has resulted, a degree not called for by the pathologic changes present. There is a limit, of course, to the possible degree of enlargement, and it is suicidal to permit a degree of hypertrophy above the requirements of the lesion at that time, for remember that a lesion which must result in hypertrophy may, by improper management before compensation is fully established (and it may take months), demand the

greatest possible enlargement, using up the reserve force of the heart, which, if conserved, may be sufficient to tide the patient over that critical time when the development of the body may be expected to occur and, at which time we know with surety, that such a heart will be unable to meet the double demand of an increased circulation for the needs of the body and a valve lesion (possible of increasing extent) with an absolutely unfavorable prognosis.

In elderly patients, a different condition pertains, in that degenerative changes are their common portion. In this class of patients compensation may be as perfect as in the young, provided the lesion be the result of acute endocarditis; but the endocarditis that occurs at this period of life is usually of a chronic type, the result of constant exposure on the part of the valve to excessive strain, vascular degeneration and chronic renal conditions with defective blood supply from coronary diseases. The lesion then is progressive in its nature, and, with degenerative changes proceeding, compensation is comparatively limited; and when once lost is seldom if ever re-established.

Diseases of other organs have their part. Pulmonary lesions influence the course of heart conditions. Mitral involvement favors the occurrence of chronic bronchitis and pneumonia of various types. These with asthma or any condition attended by more or less constant cough may, with or without emphysema, throw an increased work on the right heart and may be the determining factors in the production of dilatation.

Lorraine Smith has emphasized the fact that variations in blood volume are a change of primary importance in anemia. Increase in blood volume must

throw a strain on the heart and add to the embarrassment of the circulation which characterizes heart disease. This same serous plethora or blood dilution, according to Grawitz, determines the stage of acute failure of compensation in valvular disease.

The continued action of toxins in the various chronic intoxications may determine a dilatation in the absence of myocardial inflammation.

Arterio-sclerosis and renal disease are generally attended by implication of the coronary arteries; this means a diminished nutrition to the heart substance with retrograde tissues change. Increase of muscular tissue cannot take place without increased blood supply, therefore, muscle failures with dilatation instead of hypertrophy frequently occurs. It is this very failure of the heart to hypertrophy in such cases that excites our gravest fears. The valve affected has a bearing on the prognosis, aortic regurgitation probably being the most serious and the only one attended by danger of sudden death. Multiple involvement of valves may render the establishment of compensation more difficult, though in some cases a double lesion seems to be beneficial in its effects.

Finally, the length of time compensation can be maintained is often beyond our influence for, in many cases, it rests practically with our patients and the care they are willing to take of themselves, their willingness to carry out prophylactic treatment during the period of compensation, their appreciation of the dangers involved in marriage, parturition, and occupations that put an undue or constant strain upon the heart.

Drug Habits and Neurotic Conditions: The Treatment of Alcoholism, Generally.

(By W. C. ASHWORTH, Asheville, N. C.)

I have for a number of years been making rather a specialty of this class of cases and have realized (as almost every other physician in general practice) the utter futility of home treatment for these unfortunates. We come in contact with them daily and they are continually calling on us for help. I do not think, as a rule, that this class of patients get the attention they really deserve. Most of us had rather see a case that promises a more speedy recovery than one of this class, for whom we often find it necessary to tax our resources to their utmost without the slightest reward for our earnest effort.

Drugs in the home management of these cases play a very unimportant role and as a last resort we are forced to depend largely on mental suggestion and electricity which is necessarily given in an imperfect and irregular fashion. Outside of a general tonic treatment these are our only slogans and we often find that the habit or neurotic condition withstands all our onslaughts.

I have, in fact, almost despaired of treating these cases satisfactory at home and while they are grateful patients and often times pay liberally, I have felt it my duty to refer them to an institution where the physician in charge can keep a closer surveillance over them and at the same time make use of the numerous auxiliaries to treatment that cannot be used in the homes of these patients.

I have visited a number of these institutions and have from time to time investigated their various methods of treatment. Some of these institutions, I regret to say, are nothing more than

semi-prisons where force and rigid adherence to some arbitrary rule, supplant rational and humane treatment. I would not for a moment detract from the good that is being done in many of these institutions, but only refer to these institutions where confinement is the main feature rather than the practice of rational therapeutics.

It has recently been my pleasure to visit Dr. Wm. G. Telfair's Sanitarium at Rochester, N. Y., for the treatment of patients of this class.

I am enthusiastic over the results obtained by his treatment.

I found Dr. Telfair a typical "tar heel," though he has been away from his native State for over 20 years. His institution might be truthfully call-

a "Home" for New York's Narcomaniacs and Neurasthenics. I also noted that it was a veritable mecca for that large class of cases needing "the rest cure." I have never seen more satisfactory results in any line of medicine than Dr. Telfair's management of these usually intractable cases. I found every accessory in his institution for the cure and nothing left undone to restore these "down and outs" to their former standing in their home and community. I understand that Dr. Telfair contemplates opening an institution in North Carolina and I bespeak for him the patronage he so richly deserves. I hope that this short article will be the inspiration of others along this line.

SELECTED PAPERS.

The Relation of the Physician to His Pregnant Patient.

(By W. P. MANTON, M.D., Detroit.)

"In his address on 'The Future of the Medical Profession,' delivered at the opening of the new buildings of the Harvard Medical School, President Eliot enlarges upon a subject which, if not new, has as yet failed to receive that attention from the profession at large which its importance demands.

"The ordinary physician," he says, "has for the last hundred years been almost exclusively a man devoted to the treatment of disease already developed in human bodies or of injuries already incurred." In the future his function will include not only these, but, entering a broader field, from his analysis of all the processes which accompany disease, and knowing their actual sequence, the physician will apply more

and more largely the remedy—prevention.

It is a sad commentary on the art and science of Obstetrics that, while its literature deals so fully with the cure of existing disease and teaches with exactness the technique of operative procedures, it gives but scant consideration to the prophylaxis of, to a large extent, preventable disorders. That this is not the fault of investigators along these lines is evidenced by the voluminous writings on laboratory and bedside observations with which our journals are replete.

We are becoming fairly familiar with the processes accompanying the disorders incident to the child-bearing act, and know, to a large extent, their origin and results, but it is in the application of this knowledge that failure is conspicuously evident, and, neglect-

ing the cause, too great trust is placed in ability to overcome results.

"If woman," writes Higginson, "really exists but as a child-bearing animal, let us say so frankly," and, he might have added, treat her with commensurate consideration. Certainly no breeder of fine stock would submit his animals to the same lack of care and attention as is ordinarily accorded to the pregnant woman.

Ignorance of physiologic and morbid processes being untenable as excuse for this neglect, we must seek elsewhere for an elucidating reason. And this, I believe, will be discovered in an incident which recently came under observation.

A patient, pregnant about the fifth month, was brought to one of our hospitals in a moribund condition. She was young and vigorous and, save some slight bladder irritation, had been well up to the morning of the day when convulsions set in. Dilatation of the os had begun, and at the hospital evacuation of the uterus was readily accomplished. The patient did not, however, regain consciousness, and died a few hours later in spite of the most energetic efforts to save her life. The urine of the patient had not been examined prior to her entrance at the hospital, and in conversation with her physician the remark was made that it still appeared necessary for the general practitioner to learn that the urine should be tested from the beginning of pregnancy, to which he replied, "Doctor, it does not pay."

The case is a pathetic illustration of the present status of obstetric practice. Here was a young woman of the poorer class, in robust health, whose life was sacrificed on account of her inability to adequately remunerate the physi-

cian for the time and skill which he might expend in caring for and directing her during the trying period of gestation. Unfortunately the case is not exceptional, nor is the physician to be held wholly blameworthy for following a course which is almost universally practised among patients in all stations of life.

In these days of vigorous commercialism the physician is apt to forget that "the practice of medicine is an art, not a trade; a calling, not a business;" and that he has taken upon himself a vow to succor the sick and afflicted and to bestow the gifts of his knowledge freely and with open hand. It often happens that the practitioner is engaged for a confinement and, perhaps, does not see his patient again until the pains of labor have set in. What of the interval, and why the neglected opportunity, except that it "does not pay."

It certainly is not incumbent on the physician to accept the responsibilities of any case unless he sees fit to do so; but, having once taken charge, the question of moral responsibility is one which cannot be ignored, even if after the expenditure of time and skill the reward may be no larger than duty well done.

Old Dr. James Jackson, in his "Letters to a Young Physician," says, "You are bound as by an oath, though you have never held up your hand before man, to use your best judgment in the treatment of those who are committed to your care," and while "a desire for profit and reputation might be enough, to prompt him (the physician) to do all this, it would also be good policy. But he will not do it with a full certainty of success if he be not influenced by still higher motives, by a true love of

science and humanity." With the average physician the quality policy is one which is generally well cultivated, and yet in the matter of the care of pregnant women a surprising short-sightedness is often manifested, so that, the unexpected happening, the practitioner is taken off his guard, to his own and the patient's detriment.

While pregnancy is a physiological process through which the great majority of women pass without untoward manifestations, the condition, as remarked by Robert Barnes, is the great test of bodily soundness, and the effects of the growing ovum on the maternal organism are such that the demarcation between health and disease is often very shadowy, trivial causes not infrequently serving to turn the balance from well-being to serious or even fatal consequences. It is to the anticipation and prevention of these morbid showings that the aim and purpose of the physician should be directed, no matter what the cost in personal discomfort or the possibilities of future remuneration. To accomplish this it is of the utmost importance that the practitioner keep in touch with his patient from the moment she comes under observation to the completion of puerpery. This is not only good policy, but a paying investment, for by so doing the physician enlarges his knowledge, increases his proficiency, and puts himself on the best footing with his client, but he also fortifies himself against the unexpected, and insures against the possibilities of mortification and chagrin on the sudden development of unforeseen contingencies.

Moreover, if we must accept the sordid motive for well doing, every woman, however poor or degraded, appreciates relief from suffering and escape

from serious consequence, and, whether she can pay in the coin of the realm or not, is more than ready to lavish her good-will, extoll the physician's kindness and dwell upon his skill.

There is no one of experience but can number among his most remunerative patrons one or more who have come under his care through such humble means.

Of the scientific side of the question much might be said. In the heat and burden of the day, the rush of life and the competition of the times, too little opportunity is given for the careful study and observations of those conditions with which we are in common contact. Increasing familiarity and the drudgery of practice too often appear to dull the senses as to the scientific truths which every one of us might cull from daily experience, and thus much that is worthy and much that would be helpful to ourselves and to the world is lost through slothfulness, indifference or haste. The apparently trifling observations of Oliver Wendell Holmes and Semmelweiss, regarding the connection between uncleanness and puerperal morbidity led to further advancement and made possible the wonderful achievements in obstetrics and surgery of the present day.

The maintenance of health of the pregnant woman is of the greatest importance, and she should be protected from the multitude of dangers which inevitably threaten her condition, and of which she is for the most part ignorant. In first pregnancies especially, the woman is uninformed by experience what to expect or what to do under the new and changed conditions. Many girls enter the married state in almost total ignorance of the sexual relations, and the advent of pregnancy

is to them an unexpected and unexplained mystery. What can such a woman know of the dangers which may threaten from indiscretions in diet, from inadequate bodily protection, from excessive or unwonted exercise, or from the thousand and one daily indulgences and habits which she has hitherto practised without thought or evil consequence? And is it not eminently within the province and duty of the physician to guide her in the manner of living, to instruct regarding personal hygiene, to alleviate as far as possible the annoyances and minor ailments to which she is liable, and to direct her in the matter of even the smallest detail preparatory to the final event—labor?

Should she not also be warned that, while indiscretions, either from ignorance or wilfulness, may not perhaps seriously affect her own physical health, they may later become manifested in her child?

How many times want of forethought leads to abortion or premature labor or the begetting of weak and sickly offspring whose insufficient hold on life renders post-natal existence impossible, or so handicaps the new-born with constitutional defects that it is unable successfully to struggle against external conditions and therefore perishes from the first extra strain imposed by sickness or disease.

In order that both mother and child may receive that attention which is their due, every gravid woman should be under the care and direction of a competent physician during the whole nine months of pregnancy. She should be told what to eat and wear, how to rest and exercise, and what attention should be given to bodily functions and cleanliness, in order that her own well-

being may be maintained and the health of her future offspring established. Every physician is aware that, while most of the disturbances of pregnancy are but temporary and insignificant, depending either on reflex action or the pressure of the enlarging womb upon surrounding organs and parts, the entire relief of which may be impossible as long as the cause remains, yet that there are other symptoms of most serious import which arise insidiously,—the threatening evils of which may be anticipated and forestalled.

The importance of examining every woman during the later months of pregnancy cannot be exaggerated. A knowledge of the pelvic contents, the presence or absence of adventitious growths, and the approximate size of the bony canal, forewarns the physician as to possible difficulties, or the impossibility of labor and, by a careful study of each case, enables him to determine the necessity for intervention either before or at the time of delivery. Pelvimetry is easily and quickly accomplished, and while it may furnish only relative information regarding the size of the pelvic canal, it serves to make the knowledge of the case more certain, and in that way fulfils its purpose.

In a recent case where there were no symptoms, examination revealed the presence of a dermoid cyst firmly adherent and so blocking the pelvic brim as to render engagement of the child's head impossible. The woman was quickly and successfully delivered by Cæsarean section, and the tumor removed, with happy outcome to both mother and child.

"Foreknowledge absolute," as Milton calls it, places the physician at once at an advantage with himself, the pa-

tient and the possibilities to come.

On the other hand, the practitioner will do well to remember and avoid the common error of attributing every possible symptom to the gravid uterus, and seek by careful investigation to differentiate intercurrent affections from purely reflex phenomena.

And there is the other side of the question to be considered—the child.

It has been said that the integrity of a nation depends upon the physical as well as the mental qualities of its individual constituents. The function of the physician includes not only the treatment of disease, but the teaching of the people the ways of right living and the prevention of morbid developments.

If the expectant mother could but be instructed from the beginning in those things which she is entitled to know, guided during the function of gestation, and protected from the threatening sorrow and evils which ambush her existence, it would not take many generations to produce a race of men and women who in both "intellectual supremacy and national strength" would rival the ancient Greeks.

These are vital questions demanding serious thought, and if the practitioner will but give them the consideration they deserve, the beneficent results will be manifested in a better profession, a safer gestation to all women, and an improved and strengthened posterity.
—*Canad. Pract. & Review.*

The Twenty-three Hour Treatment.

(By W. P. NORTHRUP, M.D., New York.)

This paper contains but one idea, presents for consideration but one point. If anyone shall inquire what the

words of the title mean, what the cure, and why twenty-three, that inquiry, I may say, justifies the title.

When I urge my patients to keep a sick or convalescent child in the open air many hours each day, just as many hours as rain, snow and harsh high winds will permit, I am always answered with the most complacent of smiles, with a manner of triumphant satisfaction, "So we do; we do just that." I have talked myself to a standstill over and over again trying to impress parents and nurses with the fact that two hours in the morning and an hour and a half in the afternoon is not all day, and not enough, that the long hours of the night count for something (*in the way of fresh air*), that to get the good of the air the child must live in it. It must sleep, eat, frolic, spend twenty-three of the twenty-four hours in good, cool, fresh outdoor air. I have the habit of speaking of it as twenty-three hour treatment, or the twenty-three cure. This in a crude way seems to suggest what I want. They begin by asking, Why not twenty-four hours? What is to be done with the other hour? If they do so ask it is the first gleam of light that they can be moved by persuasion, and are not of clayey consistency. Talking into a claybank kills.

I submit it as an inquiry: Is it not the everyday experience for the fresh-air-favoring physician on entering unexpectedly the sick room or convalescent's apartment to find the air exhausted, moist, malodorous, "mousy," and then in direct sequence to listen to the best of excuses for its being in this condition. Is it not so? It would seem that a special training must have been given to nurses for furnishing ready-made excuses for foul air and omission to ventilate. They have three

reasons for housing a child to one for taking it out. For the twenty-three cure the nurse should be expert in everything but excuses.

A young child of fifteen months had recovered from a twelve days' bronchopneumonia. She had been treated, as a certain reprint has told most of this audience, in constant cold air in winter. Before her sickness and after it she was backward, had scurvy, and still had rickets. She was always pale, flabby, pot-bellied, perspiring and unable to stand. The excellent nurse who cared for the child during pneumonia left after convalescence was established, and the child was returned to the untrained but faithful attendant. All my directions as to living in best obtainable air ended in explanations and excuses. The child was not improving. She was what the sailors navigating in equatorial waters would call in the doldrums. She made no progress in any direction. In desperation I demanded the former nurse's return, and promptly put into execution what for the first time I designated twenty-three hour treatment.

The apartment in which the child lived was on the fifth floor, cornering on a broad avenue and a street leading straight into the Park. The corner room had three windows to the west and two to the south. In the middle of this large room in its carriage lived the pale convalescent all the hours of daylight. The months were February and March, the season stormy and about average temperature. The room was shut off from the rest of the house and swept with breezes. Incidentally, this condition of cold precluded guests from making long calls and from fatiguing the child.

It is unnecessary to say that the child

acquired an appetite, digested its food, took on healthful color of the cheeks, slept, gained strength, learned to walk, and in every way developed into a normal child, catching up rapidly to the scheduled requirements of her age. The facts more important to mention are that she did not catch cold. In truth, before the winter had softened into spring she was facing into the raw winds of April, and every way resisting and ignoring the temperature, which no one in this room would enjoy without previous hardening to it. Quite as interesting is the total indifference the nurse acquired to the cold. Her white nurse's dress seemed strangely out of keeping with the range of the thermometer. The little girl has continued to live the twenty-three cure ever since. She makes cotton pies (snow) before open windows with an extra wrap of only a little shoulder shawl. All day and all night her room is swimming with outdoor air and she has not required a doctor's prescription from that day to this. This is an example of the twenty-three hour treatment in a child of approximately two years.

A second example is in an infant one month old. The infant having attained the age of four weeks, the accoucher permitted his charge to pass to the care of the family physician. It chanced that in this case the physician who was to care for it was a specialist who devoted his whole life to the care and feeding of infants and young children, and the infant was bottle fed from the outset. No conditions of environment or individual association bore upon the case, however, in the accauteur's mind. It may be that by arbitrary enactment of the specialist accoucheurs, the time for relinquishing their bot-

tle-fed babies may, in the future, be set at first dentition, closing of the fontanel, or at puberty. The infant had been kept in a room temperature of 70 to 72 degrees F., carefully guarded from draughts, which means the ingress of fresh air, fed on a prescription made up in the house from the quart jar of milk of the family supply. The baby is said to have done fairly well.

Be that as it may, the infant which came into my care was not a proud specimen, was thin, barely gaining at all, jumping and jerking, and sleeping indifferently. The family were extremely anxious about him, which means at least that to them the infant was not doing very well. The prescription for milk was more or less uncertain in ingredients, but I was sure that it was made up each day alike by an excellent nurse, that it was producing passages which, though not perfect, were apparently becoming better gradually, and that probably the best I could do in the delicate situation was to leave the feedings unchanged for a few days.

Since it did not thrive on modified milk I resolved to modify the baby. I inaugurated a living in improved quality of air. The month was December and the child four weeks old. Delicate to an extreme degree would be the words to express the child's condition.

To restate the proposition; the infant was four weeks old, the month was December, the indications in regard to its care required the twenty-three hour treatment. I may add the house was very large, facing south, situated half a block from Central Park, on a wide street. What is more to the point, the nurse was excellent, and in the end I voted her the best nurse I have ever known.

Gradually the windows were opened, the doors into halls closed, the crib, which stood at first in the far corner, was gradually advanced to the open windows, and finally, after a couple of weeks, the infant was put in a laundry basket with an improvised carriage hood, and passed out on the balcony. Family friends who knew the baby's delicate beginning of life were horrified, for the weather was about average for December. The whole proceeding was frankly pronounced brutal, and predictions of awful accidents filled the conversations of chance callers. The father, who had a slight suspicion that this new boy baby was going to be a great pride to his family name (and the baby's first name hinted at rare links in famous historic lineage), had unconfessed anxieties and groans all to himself. For a few days the advance was slow and uncertain. At least nothing happened. Then the father's face cleared a little, and the nurse's face wore an expression of quiet courage, and even of hope.

A month later. Scene on the first morning after a snow storm; morning bright, snow gleaming, wagon wheels whistling and groaning. Baby near the window, wrapped in its blankets, basket and window showing evidence of the nurse's intentions. In due time the window opened and snapped shut, and the baby was out for his airing. The father, whose future lawyer or soldier son was thus punched out into the elements in a thirty-five-cent laundry basket, was discovered hovering near, and the only expression which escaped him was, "Ah, the poor little man!" and he departed. The thermometer on the easement near the basket

registered 10 degrees F. I saw it myself.

I mention these incidents because they belong to the subject. I make no mention of drugs, for he never has had any except one or two doses of castor-oil. When the father disappeared, leaving his child in the basket alongside a thermometer registering 10 degrees F., and could raise no protest, only murmur, "Poor little man!" the day was won. The baby must be thriving.

So it was. The boy gained, slept, piped for his meals and slept again. The room was swimming with air. On rainy and snowy days he was brought just within the dry spots on the balcony, and when the gusts of rain became boisterous he was brought in, and the thirty-five cent laundry basket was placed on a low table between two windows. There never was a northeast storm in mid-winter, or a combination of snow, rain, slush or sleet, which kept him from having all the bracing effect which comes of cold, fresh flowing air.

Result.—During his little life, now of nearly seven months, he has not lost more than one day of feedings. He had no colds, he regularly gained, all his functions were normal, and no one would ever call him delicate. He has lost all that nervousness, is simply very bright, almost too bright and alert for his own good, and is round, plump, happy, normal.

For twenty-three hours each day he has lived in the cold air. The twenty-fourth has been devoted to bathing. It is simply astonishing to what he became accustomed. He would be on the bed without extra cover and kick and shout in a cold room in which one not accustomed to it would fear to loiter.

During the winter nearly everybody in the house had influenza—the nurse, mother, three other children, the nurse-maid, butler, and all the parlor and kitchen maids. The only person who escaped and apparently enjoyed it as a joke was the party in the basket. Every day and every night was the same to him. His nurse, streaming at the eyes and nostrils, might run away to sneeze, might cough till her eyes bulged. To him all was a joke. He loved company, and they might groan with pain and make mouths from sore swallowing apparatus, he cooed and gurgled, and thought it all fun. The last word from the country is, "He's fit to burst his skin from fat."

To summarize:—

(1) The twenty-three hour cure or twenty-three hour treatment consists in living twenty-three out of the twenty-four hours in the best obtainable cool flowing fresh air.

(2) The treatment is especially excellent in convalescence from acute illness, in cases of delicate infants and young children not thriving.

(3) The quality of cold or cool flowing fresh air is essential. Cold air may get stale. Air may be oxygenated and free of odors and yet be warm. The air should be flowing freely and cold.

(4) Cold fresh flowing air has uniformly certain effects upon young patients. First they sleep. They remain quiet so long as they are in the open air, and sleep most of the time. The quieting effect is well proved. Second, they take more food and assimilate it better.

(5) Patients in the open air rarely catch cold, much less often than those kept habitually in warm rooms. Something depends on the nurse, of course, but in a wide experience with differ-

ent nurses selected by chance, the patients have rarely caught cold. In the whole winter's experience at Sea Breeze no child has developed pneumonia.

Finally, this paper does not intimate that the writer is the only one who practises the twenty-three cure. Everyone professes to advise fresh air. It is hoped in this paper to "standardize" fresh air, to estimate its dosage. The main interest is to shorten the conversation of the persistent mother or nurse who shall have, in spite of us, begun that endless list of explanations and excuses.

If the twenty-three treatment is accepted and once fairly begun, it is not probable that the physician will be obliged to talk into the claybank of indifference and misunderstanding on the part of the family and to his own discouragement and exhaustion.

Read before the Eighteenth Annual Meeting of the American Pediatric Society, Atlantic City, May 30, 1906.—*Archives Pediatrics*.

Concerning So called Wild Hairs In the Eyes.

(By O. B. DUNN, Ironton, Ohio.)

The wide-spread belief of wild hairs in the eye by the laity has not, in my opinion, been given the proper attention by the Medical Fraternity that its importance demands. There is no doctor, no matter what his practice or where his location, but is constantly importuned by the suffering patient to examine and pull wild hairs from his eyes. The complaint is too frequent and too general—the suffering too great and too constant to be turned down by an exclamation of "bosh," or

"nonsense." Besides, the doctor, on careful examination in the majority of cases, really finds hair or hairs scratching and irritating the eyes, which, on removal, are followed by great, but, unfortunately, temporary relief. The hairs scratching the eyes are an absolute fact—but are they "wild"? What were we taught and what do the books say? It is only necessary to indicate to you the classifications in the books.

1st. *Entropion*.—Where the free tarsal edge is turned in, causing the inverted lashes to scratch and irritate the eyeball; the causes are trachoma, blepharitis, burns, operations on the edge of the lids.

2d. *Trichiasis*.—Where the lower row or rows of the eye lashes are made to take an abnormal direction and scratch and irritate the eyeball; these lashes are usually stunted, short hair or atrophied, the fine, delicate hair scarcely to be seen. The causes are the same as above.

3d. *Districhiasis*.—Where there are two separate rows of eye lashes, the lower usually imperfect, with hairs turned in on the eyeball. This condition is congenital, or the result of chronic diseases, usually blepharitis. All hairs scratching the eye are recognized, classified and proper lines of treatment laid down.

Now, while this classification is not exhaustive, it fairly covers the practical field. One author I consulted said the short hairs in trichiasis are sometimes miscalled "wild hairs." We see that scientific medicine knows no such thing as wild hair. The special point I wish you to observe is that all these abnormally inverted hairs follow chronic diseases. That being the case, all sufferers from them have had experience with some disease of the eye,

and are consequently not likely to make the mistakes of the uninitiated.

The laity, and by that term I include all classes of intelligences not in the medical fraternity, even to the lowest, say there are wild hairs and, more to the purpose, act on the faith. The above synopsis, you will admit, gives them a great field for speculation. Some, unable to make a diagnosis, call them all wild, but, why "wild"? I do not know unless it is because they take an abnormal direction, and do not stand in line like a normal eye lash. Persons so afflicted sit in enforced solitude, idle, suffering, overwhelmed by dread of final loss of sight and brood over their condition. They grasp at anything that promises relief. So when they hear that a neighbor who had sore eyes went to a doctor and had wild hairs pulled out and got well, they say to themselves, "wild hairs make sore eyes." Then again, a neighbor with eye trouble goes to a doctor and the doctor does not find any hairs; but, on a second visit a few days after, the doctor finds and pulls out the hair and the eyes get well, they say to themselves, "The first time no hair, then it must have been the roots—yes, the roots came first, several days first." Then, knowing nothing about hairs, but something about roots of trees, they say, "The root sprangles." Now, if the roots remained inside the tissues, they could not scratch; so they say, "They must go through and extend beyond the surface of the conjunctiva and scratch the eyeball." And so you see these poor sufferers, with no knowledge, no facts, let their great need lead them, like an *ignis fatuus*, into the delusion called wild hairs. From what I could learn by closely questioning people

who believed in wild hairs, this is the wild hair doctrine.

Wild hairs are short hairs usually with a black head. They come in eyes any time or suddenly—usually along the edge of lid, but may and do come at any place on the lid. They have sprangling roots protrude from the surface and scratch the eyeball. Roots come before the hair—sometimes, several days. The hair may or may not scratch the eyeball, but the roots always do. When the hair is pulled out, the eye gets well; if the hair is broken off, the root dies and eye gets well. The hairs are the cause of eye disease and not the result.

Such is the absurd doctrine many people believe, many suffer for, and a few go blind. It is astonishing, but then there are so many kinds of people. The mention of it shows the alarming potentialities in its wake, the worst of which are delays, neglect and had home treatment.

I will report one case which was brought me last spring. Boy nine years old, healthy, never had any trouble with eyes. While work in stable he suddenly complained with pain in one eye. He went into the house and the folks told him it was wild hairs, but they could not find any.

At night his father went three and a half miles to a doctor, asking him to give him medicine for wild hairs in a boy's eye. The doctor said he could not until he examined the eye; the father said, "Give me something to ease the eye to-night and I'll bring him in the morning." The doctor gave some medicine and told the father to use hot applications on the eye for a few minutes and, if necessary, to repeat it. When the father told what the doctor had said the folks commenced to put

hot poultices on the eye; little relief. The next day, the other eye getting red, they included it in the poultice, but it grew worse, and hot poultices were kept constantly on the eye for ten consecutive days and nights—the doctor never having been consulted. By this time the pain was so great he had no sleep and took no food. He was taken to the doctor, but he told them it was beyond his reach. He was then brought to my office. The eyelids were enormous, the upper lids extending three-fourths of an inch below edge of lower lids of each eye, and pus flowed in almost a continuous stream. Could not by any means press back the lids sufficient to see eyeball. Diagnosis, *purulent ophthalmia*. In a short time, boy was relieved of pain, but when lids could be opened, we found a very large central slough of cornea in each eye. Vision equals perception of light, which means blindness. In that condition he passed from my care without the formality of a “good-bye”—a victim of the wild hair doctrine.

I believe at first it was either a small foreign body in the eye or commencing catarrhal conjunctivitis—comparatively trifling ailments when promptly and properly cared for. The constant hot poultices changed it into one of our most destructive diseases.

There are no wild hairs. All healthy eyes should be promptly examined at first symptoms of trouble and not prescribed for unless examined.—*Va. Med. Monthly*.

“A genius,” writes a small boy, “is born first, and raised afterwards; but the world don’t know he’s a genius till somebody sprains their leg by stumbling over his grave.”—Ex.

The Opsonic Theory.

(Published by The International Journal of Surgery Co.)

In this age of constant change in views as to the nature of pathological processes occurring in the human organism, the practitioner may well be pardoned if he does not place implicit reliance upon new methods of treatment based upon revolutionary lines of investigation. As a matter of fact, we know as yet so little of the physiology of the vital phenomena that much of what is presented in regard to their pathology remains a question of opinion.

It seemed at one time that the phagocytic theory of Metchuikoff satisfactorily explained the part played by the cells in the battle of the organism against the bacteria. Then came Ehrlich’s side-chain hypothesis, concerning which volumes have been written, and which still numbers many adherents. Now, in turn, we have a modification of the phagocytic theory, the opsonic theory of Wright, which is attracting much attention, not only from a purely scientific, but practical viewpoint. We hear a good deal of the opsonic index, and probably in the near future its determination will become as important as that of the blood count or blood pressure in conditions of disease. Sir A. E. Wright has certainly presented his views on the opsonins in a clear and most plausible manner; and as he has had the advantage of being not only a laboratory worker but a medical practitioner, he has been able to support his theory by practical data. Its basis, briefly stated, is that the white blood cells will not ingest and destroy bacteria unless there be present certain substances derived from the fluid por-

tion of the blood which influence the microbes in such a way as to prepare them for ingestion. These substances have been termed by him "opsonins," meaning "I prepare for dinner." It has been further found that while in a healthy and in a tuberculous person the leucocytes were equally active in phagocytosis, the activity of the serum was only half as great in the latter. "Hence," to use Wright's own words, "if we express the activity of normal serum for phagocytosis as 1.0, obviously we must express the abnormal activity of the patient's serum as 0.5. These figures represent respectively what we term the opsonic index of the normal person and of the diseased."

From these observations the deduction logically follows that a low resistant power to infection is really due to a lack of opsonins in the serum. Hence the opsonic index in any case of infection serves as a clue in estimating the resisting power of the individual toward the particular invading microbe. The degree of immunity which a person enjoys against any given disease, therefore, depends upon the phagocytic activity of his serum, as manifested by the opsonic index.

It is too early as yet to express any positive views in regard to the so-called vaccine treatment originated by Professor Wright on the basis of his researches. All that can be said thus far is that the results obtained by Wright and others in tuberculous cases have been especially encouraging, and that his bacterial inoculations promise to be of great value in other forms of acute and chronic infection.

From a purely surgical viewpoint the opsonic theory has much of interest. In operative cases it may prove of decided value to determine the opsonic

index of the patient as a guide to the prognosis. For instance, in a case of staphylococcus, streptococcus, bacillus coli or gonococcus infection, it will indicate the degree to which the patient is resisting the microbe, and hence the chances of a favorable or unfavorable outcome of a contemplated operation. The great disadvantage of the procedure is the complicated technic, which requires a considerable expenditure of time and a special training in this kind of work. It is probable, however, that in time the method will be so simplified as to render it generally available.

Amputation of the Thigh Under Hyoscine-Morphine-Cactin Anesthesia.

(By HENRY G. EDERT, M.D., Assistant Surgeon in the Public Health and Marine Hospital Service.)

I wish to report the successful use of the hyoscine, morphine and cactin combination as a general anesthetic in an amputation of the thigh in the upper one-third.

The tablets used were those put up by The Abbott Alkaloidal Company, and contained Hyoscine Hydrobromide, gr. 1-100, Morphine Hydrobromide, gr. 1-4, Cactin gr. 1-67. Infections (hypodermic) were given two hours, one hour and half an hour before operation. Anesthesia was ideal and complete throughout operation and for several hours afterward. No ill effects whatever were noticed at any time. Muscular relaxation was not so complete as in ether or chloroform anesthesia so that after the operation no subsequent contraction of flaps took place and there was no more tension on the

stitches afterward than at the time they were put in.

If this anesthetic will work in all cases as well as it did in this and numerous others reported in the medical journals, it would appear to be the ideal anesthetic for field use and emergency work where one may be short handed, as it does away entirely with the anesthetist and the spare and care necessary in the transportation of ether or chloroform.

The absence of inconvenient after-effects is a most valuable feature of this preparation in field work, while the ability to perform serious operations promptly is of particular advantage; but of equal utility in active service is the possibility of securing complete rest and anesthesia in cases of injuries too extensive to permit of immediate operative attention, such as in visceral injuries of the abdomen, chest or head. It seems a good thing for the military surgeon and should come into favor with him.

NOTE.—The above from The Military Surgeon points to the value of these agents, especially in emergency work, as in case of railroad accidents where many people are involved.—Ed.

Pennsylvania Raises the Requirements For Admission to Medical School.

Recognizing the advantages of a broader general education and the growing necessity of the prospective student having in addition special preparation for the study of medicine, the Board of Trustees of the University of Pennsylvania has decided recently to raise the requirements for admission to its medical school. These requirements include two years of general college training and in addition a certain

knowledge of biology, chemistry and physics. According to the plan which has been adopted, the standard will be raised gradually, beginning with the academic year 1908-1909 and reaching the maximum 1910-1911.

Starch Digestion In Young Infants.

C. E. Carlette finds (Australian Med. Gazette, January 20, 1905) 2.03 per cent. of starch in barley water and 2.25 per cent. in rice water made according to the usual formulas. There is no adequate evidence that "infants cannot digest starch." Those who use starch may diminish the milk with its useful salts to such an extent as to produce scurvy and rickets and also lessen the fuel value of the food and cause nitrogen starvation. Old authorities agree that the secretion of the infant's parotid is actively amylolytic. Animal experimentation shows that the secretion of the pancreas becomes from day to day more adapted to the requirements of the food. The adaptation is slow, and sudden change to a different regime can produce serious illness. The absence of amylolytic ferment in the pancreatic juice in early life is due to the lack of adequate chemic stimulus. The augmenting action of the bile and intestinal juice also depends on the nature of the food. A certain amount of dextrin is probably taken up in normal digestion without reaching the stage of maltose and some maltose is absorbed before it has been inverted to dextrose. Further conversion is believed to occur within the intestinal cell. Whether infants ought or ought not to be given starch is a purely clinical question.—*American Medicine*.

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Urethral Stricture—Radical Cure.

The method of choice, according to Phelip (*Lyon Medicale*, No. 33, 1906), is gradual dilatation, and if this does not cure, or more rapid cure is desired, external urethrotomy should be performed, internal urethrotomy being discarded entirely.

The methods in use for dilatation are permanent dilatation with rubber catheters, temporary with metal sounds, and electrolysis. It is best to use in each case several of these successively or alternately, as the inflammatory reaction is thus lessened. After dilating the stricture, it is necessary to leave as long a time as possible before the next treatment, as too frequent use of

sounds causes an inflammatory reaction which increases the original trouble. At least eight days must be left, and if treatment is required before this time another method must be used. The interval becomes greater gradually, and after a few treatments should be increased to several weeks, and then to several months. At this time the catheter may be given to the patient if he is shown how to use it, and not allowed to use it too often. If such methods do not cure, or if immediate cure is required, recourse must be had to external urethrotomy. Internal urethrotomy, even if deep, may lead to recurrence after many years, when there is no sign of return in two or even three years.—*Therapeutic Gazette*.

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EDITORIAL.

Laboratory Versus Bedside Diagnosis.

For the past several years laboratory methods in diagnosis have engaged the attention of the profession, especially the teachers and lecturers in the colleges, to the detriment of bedside and clinical instruction and study. It has been, and still is, something of a "fad" to establish a working laboratory and delve in the mysteries of the secretions, excretions, tissues, etc., with microscope, reagents, chemicals and instruments of precision. That the laboratory is useful in its place and has been of material benefit is not denied. That it is advocated beyond its legitimate sphere, and its use pushed to the exclusion of sufficient bedside, or personal work with the individual patient, has been contended in a previous editorial, and this contention is still adhered to.

There are cycles in medicine and medical thought as in everything else, and the indications are that this idea

that the laboratory test must be applied to every case before a diagnosis can be made and treatment instituted is being seriously questioned. We clip these extracts from a short paper by Bayard Holmes (Jour. A. M. A., April 20, '07) as showing the tendency towards revolt against the current medical opinions:

"Thirty years ago the medical schools of the United States furnished but little laboratory teaching. The first meddling work which the author did in the curriculum of the college to which he was attached was to extend very greatly the laboratory method and to tax his faculty with fifty thousand dollars for buildings and equipment, to double the faculty with an army of laboratory teachers, and to add to the burdens of the student a year or two of time. This extension proved fashionable, while the coincident clinical and literary courses were never realized. All other medical schools followed with enormous laboratories and extensive laboratory

courses. But to the profession these emthods have proved disappointing. They monopolize the time of the student, they disparage the study of the history of the patient and all clinical observation and they utterly neglect the medical literature and send out the young doctor with a distorted sense of the probability of disease, ignorant of the experience of medicine, and armed with impedimenta of prejudice and paraphernalia of diagnostic instruments and wholly out of sympathy with the profession whose emoluments he would divide, and ignorant of the life of the community on whom he expects to subsist. All this is attested by the proceedings of our medical societies, by the columns of our medical press, and by the bag of instruments of our young medical men, and by their utter disregard of any sense of responsibility to cure the patient."

* * * *

"Then will appear most forcibly the truth of the Hippocratic adage, "It is the duty of the doctor to cure his patient." Our education should strive to produce less of a laboratory man than a diagnosttician, less of a diagnostician than a doctor, and less of a doctor than a fellowman."

It is not intended here to condemn laboratory emthods in toto, but to protest against the undue prominence given them.

Salt-free Treatment of Epilepsy.

The very satisfactory results of the treatment of epilepsy makes any addition to the armamentarium of the physicia noffering even a modeum of aid in its management a boon. Prof. Gordon, of Jefferson College, Philadelphia, brings forward a salt-free diet in epi-

leptic subjects as a distinct adjunct in their treatment (*N. Y. Med. Journal* Oct. 20, '06.). The views of the Profession concerning epilepsy have required some changes as regards its pathology in the light of the influence of metabolism and elimination, before, during and in the interim of attacks, and it is evident that the chemistry of the organism of epilpsy is at fault.

Gordon quotes Achard, Gaillard and Pousseau in their experiments proving that retention of urea in tissues can be accomplished *only* in the presence of sodium chloride; in the absence of the salt, urea and some other bodies in the diet, the reserve chloride molicules in the blood are utilized, and are eliminated by the kidneys.

Upon the experimental dates thirty-seven patients (epileptic) were treated with bromides and a gradual reduction of salt in the diet until complete dechlorization was secured. The amelioration of the symptoms was marked and he reaches the following:

Conclusions. My study of the thirty-seven cases led me to the following conclusions. Sodium chloride plays undoubtedly an important role in the chemistry of the organism. The suppression of alimentary salt in the diet of epileptics has a favorable effect on epileptic seizures inasmuch as it reduces their frequency and their severity. It is of the same value in the treatment of epilepsy as the strict observance of dietetic and hygienic rules. Both factors combined aid considerably in reducing and controlling the seizures. Reduction or complete removal of sodium chloride from the diet gives better result, while bromides are taken than while they are not taken. The fact that suppression of alimentary salt puts in action the chloride molicules of

the organism, that the elimination of various products of metabolism such as urea, is *ipso facto* facilitated. — this fact, I say, is highly corroborative, if not absolutely so, of the toxic pathogenesis of epilepsy. That there is a hypertoxic underlying basis had been proved beyond doubt by various investigators. Suffice it to mention among recent writers Jules Voisin, Peron and R. Petit.

An uncomplicated experiment led me to the same conclusion. To some of my patients who happened to have attacks at regular intervals I administered methylene blue a few hours before a seizure. During the convulsions the urine which they voided involuntarily was clear, but the greenish blue color began to appear after the seizures. This experiment naturally leads to the idea of retention of poisonous material in the organism and to a general intoxication of the tissues. The nervous phenomena of an attack is the consequence of an intoxication, which reached its maximum.

The studies on the role of sodium chloride are of great value. Their application to other pathological conditions, such as ascites, cedemata, cirrhosis of the liver, and cardiac and renal diseases, is now well known. It is gratifying to utilize this knowledge in the therapeutics of nervous diseases, in the presence of which we feel frequently powerless. Dechlorization is certainly not a specific for epilepsy, but it adds a new element to our meagre neurological armamentarium. It also adds considerable value to our old conception of epilepsy as of a disease, in which faulty chemical processes play an enormous role.

Inspection of School Children.

In this and other departments of the Journal reference has been made to the importance, if not actual necessity, of medical representatives on county school boards, boards of graded schools and trustees of district public schools. The utility of such representation cannot be denied, and its influence for improved hygienic conditions and the physical strength of the pupils ought to be appreciated.

Systematic medical inspection and examination of teachers and pupils of the various private and public schools goes but a step further, with a wider application of the principles involved, and an enlarged sphere of usefulness of the physician in connection with the cause of education and of incalculable benefit to the State. The idea of such inspection is not an entirely new one, though its practical application on a scale of any magnitude is of recent date. It may now be said that it has passed the 'experimental' stage and can no longer be considered an innovation. Its benefits to the cause of education, the improvement of attendance of pupils, and the general welfare of the pupils has been amply demonstrated by extended trials in the public schools of large cities, notably New York and Chicago. The reports of the results of medical examinations with visits to the homes of the pupils by trained nurses to assist and instruct the parents in carrying out the instructions of the inspector, where needed, have shown this to remarkable degree.

The public schools are recognized as a prolific source for the spread of infectious diseases. The public is protected in a slight measure from the more virulent of these, as smallpox, scarlet fever, measles, diphtheria, etc.,

by statutes requiring them to be quarantined. Even with this protection a mild case of an infectious disease may be the means of infecting a whole grade or school before its recognition. This notably so in diphtheria, as is well known. There is no protection against many of the less virulent diseases, as scabies, pedunculosis, tinea, various skin eruptions, some forms of coughs, several contagious eye troubles, and venereal diseases. It is not expected that the teachers will recognize these troubles, or appreciate the necessity of keeping the affected ones from other members of the school.

Early recognition of the infection is paramount. Its importance cannot be too strongly accentuated. The appropriate disposition of the case in order to prevent further infection is then an easy matter. It is not essential in every case that the child be rigidly quarantined. Many of them can be treated with no loss of time from school duties. The parents or guardians may not be aware of either the troubles or its danger, and all that may be necessary is that they should be informed.

Another prominent benefit arising from medical inspection of schools is the aid given the backward pupils. Defective vision and imperfect hearing are large factors in the production of dullards in school. The child that cannot see the demonstration of the problem on the blackboard, or whose vision will not permit of close application to the printed page, is at a disadvantage in an effort to stay with the class. The same can be said of the pupil who fails to hear distinctly the explanations of the teacher. The result is a dullard, and both teacher and parent may be wondering all the while why a child, seem-

ingly bright in other respects, should be a dullard in books.

A further reason why the backward child should be given aid is because it has been claimed, and on good foundation, too, that the dullard is generally vicious. The bright scholar may be mischievous, but is never vicious. One of the results of school inspection is the bringing out of the fact that a large percentage (80 we believe it is) of truants are afflicted with adenoids. It has also been shown that the removal of the adenoids improved the attendance and scholarship of such afore-time truants. The healthy child is a studious child.

While it is not universally so, there is presumative evidence that the dullard in school makes the pervert and criminal of adult life. To follow up this phase of the question to a logical conclusion as to why this is so might be profitable, but will not be treated further than to refer to the well known fact that criminals are largely uneducated. How much of the criminality might be prevented by the removal of some slight defect or the remedying of a minor deficiency in early life, we have no means of ascertaining. With the data available for considering this question it is reasonable to suppose that proper attention to the physical condition of the child will lessen the probabilities of his becoming a pervert and criminal in adult life. Taking this view of it, the cost of medical inspection in schools would prove an economical expenditure to the State, not the most important argument in favor of its adoption, of course, but one that appeals with peculiar force to the average lawmaker and taxpayer.

The difficulties in the way of its general adoption are freely acknowledged.

In the larger towns and in the cities with graded schools under one management the plan can be easily put in effect. If no more than weekly inspections are at first instituted, it will be a distinct advance, on present conditions. All schools of whatever character can and ought to require a close physical examination of each teacher and pupil before the name is enrolled, both for the protection of the school as a whole and good of the individual.

Necrology.

Dr. Thomas B. Riddick was born near Nixonton, N. C., July 18th, 1857.

He graduated at the College of Physicians and Surgeons, Baltimore, Md., in 1892, and has practiced medicine since in Woodville, N. C. He was married to Lucy Gatling Cowper, of Gatesville, Gates County, on Dec. 14th, 1899. He died of Bright's Disease after a confinement of six months, on March 4th, 1907. He was a member of the State Medical Society and also of the Seaboard. He leaves two little children—a little girl three years old, and a boy only two months old—a wife, a mother, and a sister.

The medical profession has lost a loyal member and no one can take "Tom" Riddick's place.

Editorial Notes and Comments.

Public Meetings By County Societies.

The appended clipping from the Department of Medical Economics, Jour. A. M. A., is fully endorsed and cordially recommended. It is a suggestion that has been advocated, and its advantage both to the public and profession shown in previous issues of the Journal, and its practicability cannot be questioned.

"The advantages to be gained by county societies holding occasional public meetings is interestingly discussed by Dr. J. M. Allen, of Liberty, Mo., in a recent number of the *Journal of the Missouri State Medical Association*. As a means of securing favorable legislation and appropriations for sanitary purposes such meetings would prove invaluable, and Dr. Allen recommends that at least one such meeting should be held annually. He also emphasizes the importance of the education of public school teachers on matters of sanitation and hygiene and suggests the ap-

pointment, in each county, of a member of the county society to deliver to the school teachers, at their county institutes, addresses on public school hygiene and other matters along medical lines. This last suggestion is practical as well as valuable and there is no reason why it can not be carried out in every county in which medical organization exists. Every teachers' institute and organization would gladly welcome such an arrangement. The influence for good which would thus be exerted both on the teachers and their pupils can not be over estimated.

Surgical Explanations of Abdomen In Typhoid Fever.

Dr. Jno. B. Roberts makes a plea for exploratory operations in the abdominal complications attending typhoid fever (*Pa. Med. Jour.*, April, 1907). He believes that in cases of doubt as to a perforation it is better to operate than to pursue an expectant treatment. It is safer, and typhoid fever patients bear

anesthesia well; fatal issues, it has been proven by clinical experience, is due to peritonitis from extravasation of intestinal contents and not to the operation; clinical experience also shows that there is little danger in an antiseptic investigation of the abdomen, nearly, if not quite all, the abdominal diseases requiring abdominal section are liable to complicate typhoid fever, and the value of exploratory incisions in such complications is shown. Definite differential diagnosis is often impossible, and in such cases it is better to make an incision in the belly and inspect the viscera.

Class of Books For Medical Libraries.

A recent editorial in the *Journal of the American Medical Association* offers one or two pertinent suggestions for medical libraries. Old editions should not be discarded, as it is often desirable to trace changes through successive editions. Journals, magazines, etc., should be bound with advertisements intact, as the character of the advertisements will throw some light on the progress of the age to future investigations. The most important suggestion is that all medical libraries should have as full a collection as possible of books on other subjects than medicine, written by doctors. This would include many notable contributions to literature, as Dante, Oliver Wendell Holmes, Joyce, Weir Mitchell, etc.

"Is it true that Waldorf died poor?"

"Yes. You see, he lost his health chasing after fortune, and then lost his fortune chasing after health."—*November Lippincott's*.

Syphilis

In the *Therapeutic Gazette* for June, Jonathan Hutchinson almost unqualifiedly condemns the intramuscular injections of insoluble mercury as not only troublesome and expensive, but very dangerous unless used only by experts. Uncontrollable salivation is apt to result and the only possible way of counteracting the drug is to excise the part of the muscle into which it has been injected. Several deaths have been recorded from these intramuscular injections, and he protests against the introduction of such injections as the routine method of treatment. The most useful treatment for general use he considers to be the continuous administration of small doses of mercury as gray powder for a long time, and he believes continuous treatment much better than interrupted courses. He believes that treatment should be begun as early as possible; any chancre is sufficiently characteristic to justify the immediate commencement of mercurial treatment.—McGHEE in *Cleveland Medical Journal*.

Iodine As An Antiseptic.

A 5 per cent. solution of iodine in ether is used by Isambert (*Gazette des Hopitaux*, 110) in the treatment of open, suppurating surfaces. He fills the abscess cavity or ulcer with this solution, and finds that after the ether has evaporated the wall is covered with a thick layer of pure iodine. One application is ordinarily sufficient. The same treatment is adapted to chronic fistulas. If preferred a 10 per cent. iodine petrolatum may be substituted, or gauze soaked in a 10 per cent. solution in ether and the cavity filled with this.—*Therapeutic Gazette*.

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SURGICAL SUGGESTIONS.

Surgical Hints.

Better drainage can be secured by wrapping gauze around the tube than by placing it within.

Benign growths are so infrequent in children that any existing tumor is very likely to be malignant, and especially of a sarcomatous character.

Nasal catarrhs in children rarely affect the accessory cavities, although in infants the inflammation frequently extends to the Eustachian tubes.

As has been pointed out by Dr. F. J. Cotton, a thickening below the external malleolus is a very characteristic sign of fracture of the os calcis.

Frequent bathing of the penis in hot water greatly aids the use of injections in the treatment of acute gonorrhea, and also materially promotes the comfort of the patient.

An excellent guide to finding the vermiform appendix are the pulsating iliac bloodvessels. If these be traced with the finger they will be found to lead to the meso-ileum, which in turn leads to the ileum.

Pain during and after defecation in children may be due to anal fissure. In the case of older children the pain may lead them to avoid having a stool, and thus give rise to obstinate constipation.

To obtain a good imprint of the foot in cases of flat-foot, the patient should be made to bear his whole weight upon it, in order to accurately determine the degree of deformity, and thus provide a properly fitting apparatus.

Two of the most characteristic symptoms of pyloric stenosis in children are vomiting immediately or shortly after feeding and obstinate constipation. The feces also differ from the normal stools of infants in being dry, dark colored, and sometimes consisting of firm pellets.

Some cases of tuberculosis of the kidneys are attended with so marked irritation of the bladder as to greatly obscure the diagnosis. Under these circumstances the case may be treated for a time as cystitis. In renal tuberculosis the urine, however, is generally acid, contains only small amounts of pus, and microscopic examination often reveals tubercle bacilli.—*International Journal of Surgery*.

A deep ulceration of the fauces or tonsils should not be diagnosed as specific without examining the blood to exclude acute lymphatic leukemia.

In a case of gastric disease of doubtful diagnosis, progressive loss of weight is the most important sign in determining the probability of carcinoma.

In the Bier treatment, the cup will stay in place without other assistance if zinc oxid salve or vaselin is applied to the skin. Even better than this is a piece of smooth rubber tissue which protects the skin from irritation by the pus.

By adding a one-fourth per cent., or stronger, solution of boracic acid to Burow's solution (aluminum acetat), the latter clears at once, if cloudy, and

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Excellent results may be obtained in liver abscess cases (solitary abscesses), which drain for a long time by applying a Bier cup over the superficial opening once a day for five minutes. One must be especially cautious in these cases not to increase the vacuum too rapidly as rupture of the vessels in the liver might easily ensue and cause serious damage.

If a frightened or refractory child will not open its mouth, pass a probe between two teeth and back to the palate. Instantly the mouth will open and a gag may be slipped in.

The sudden acute onset of abdominal pain with tenderness over the appendix region but with rigidity of the right

rectus low down, is very suggestive of acute salpingitis. The diagnosis is further confirmed if there is high temperature and extremely high leucocyte count (20,000-40,000; polynuclears, 80-90 per cent.), even though vaginal examination be negative.

The location of the Head zone will often decide whether a case is one of acute appendicitis with inflammation of the serosa or acute salpingitis. If the Head zone commences at the level of the umbilicus, extends over to the right lumbar region and to just below Poupart's ligament, it is probably acute appendicitis. If the Head zone begins two to three inches below the umbilicus with a broad base on the abdomen and extends to a single point midway between the hip-joint and the knee, the case is probably one of acute salpingitis.

ABSTRACTS.

Report of a Case of Haemophilic Knee Joint Operation; Recovery Under the Use of Thyroid Extract.

(Annals of Surgery.)

Rugh reports a case of supposed chronic synovitis of probable tubercular origin operated on by him and found to be due to haemophilia. There was no family history of bleeding, cuts and injuries occasioned no greater hemorrhages than occurs in the ordinary individual. He had had one attack of nose-bleed, bleeding daily for several weeks, and had the severe haemorrhages from biting his tongue. The joint when opened showed no evidences of a recent hemorrhage but the entire synovium was thickened and of a dirty brown color and the fringes appeared as if about to undergo sloughing, a condition which is described as characteristic of a haemophilic joint. There was but an ordinary amount of bleeding at the time of the operation and for several days afterwards, then the wound began to ooze and continued to do so for nearly three weeks. Various drugs were tried, pressure, ice, adrenalin, eucinchloride, gelatin, none of these had any marked effect. Thyroid Extract gr. 5 T. D., was then given with marked beneficial effect. The oozing ceased and the patient began to improve. He was discharged from the hospital one month later and in a few months began to use his leg.

A Polish physician treats tapeworm with salicylic acid. He gives an ounce of castor oil in the evening and half an ounce in the morning. After the second dose sixty grains of salicylic acid are given. He expects the worm within an hour after the second dose.

Primary Operations For Obstetrical Debility.

Reynolds states that there are two classes of failure in labor: 1. Those in which the bony or other mechanical obstacles are too great to be overcome by the terminal expulsive powers. 2. Those in which the expulsive powers are too weak to overcome a normal degree of resistance. That the profession has for some years realized that cases of the first class are best treated by operative delivery at the beginning of labor. The theorem of his paper is that the same principle should be extended to the treatment of a very few of the worst cases of the second class. He believes that when we are confronted with pregnancy in one of these obstetrically worst-equipped individuals she should be carefully watched if she gains during pregnancy she may be safely left to the test of labor, but she should be delivered as promptly as is possible with safety, and in advance of any considerable degree of exhaustion. If she has retrograded to any considerable degree he thinks we should consider whether she is not one of those cases for whom the inevitable fatigues of a natural labor are worse than the disadvantages of predetermined operative delivery. He thinks that either at the calculated date of term or with the advent of the first pains of labor she should be prepared, etherized and placed upon the table as for a surgical operation. If it is determined that the conditions are anything but easy, she should be subjected to a Caesarian section. If the conditions are easy the cervix should be dilated and the child extracted with forceps. — *Surgery, Gynecology and Obstetrics.*

The Diagnosis and Treatment of Malaria.

D. Vander Hoof, Richmond, Va. (*Journal A. M. A.*) insists on the importance of blood examinations and especially of fresh blood in the diagnosis of malaria. If stained specimens are used care must be taken not to confuse the platelets, which are usually numerous in malaria, with the parasites, especially when they are superimposed on red blood cells or are gathered into clumps resembling somewhat a segmenting form. When the parasites are very few the Ross method of using very thick smears and after drying, dissolving out the hemoglobin and then using the ordinary staining and fixing methods may be useful. The crescents of the estivoautumnal type then stand out prominently, but the smaller forms are liable to be lost in the mass. The best time to study the blood is just before a chill, as it then contains the adult pigmented forms that are most easily recognized. The leucocytic count in malarial fever shows a normal or decreased number of these cells and this is an important point in diagnosis as it serves at once to distinguish it from some other conditions associated with a remittent or intermittent temperature cure. The differential count is also often suggestive. There is a pronounced relative increase of the large mononuclear cells, with a diminution of the number of the small lymphocytes and polymorphonuclears. The large mononuclears may also be increased in typhoid, measles, syphilis and possibly in influenza, but not to the same extent as in malaria. Anemia is an early symptom and of some importance in the

diagnosis. The therapeutic test is last mentioned; the tertian and quartan fevers yield very quickly to quinine, and while the estivoautumnal form is more resistant it is also readily amenable to treatment. Next to the examination of the blood the therapeutic test is most important; if the disorder does not abate under quinine it is not malaria. While there is not any doubt with the regularly intermittent fevers, the estivoautumnal infection may take an atypical course, without definite paroxysms, and is often confused with other diseases. The mistake, however, is far more often made the other way and other disorders are called malaria. Among these are mentioned typhoid fever, pulmonary tuberculosis, pyelitis, septicemia and pyemia, acute endocarditis, liver abscess and gall-stones, and the differentiating points are discussed at length. In all these the absence of the malarial parasite should prevent the too easy diagnosis of malaria. In considering the treatment Vander Hoof emphasizes three points: 1. The quinine must be absorbed and enter the blood. 2. The drug must be administered until every parasite is destroyed. 3. The patient should remain in bed until the temperature reaches normal and remains normal. The drug should be in a soluble form and the alimentary canal in a condition to absorb it. In pernicious malaria it should be got into the circulation as quickly as possible, by deep intramuscular injections and by the rectum. Rest in bed and appropriate hygienic measures greatly aid the action of the remedy in even mild cases of malaria. The post-malarial anemia usually calls for some form of arsenic; the author prefers Fowler's solution, carried up to 1 or 12 minims three times a day, if well borne.

The Prognostic Value of the Diazo Reaction in Tuberculosis.

With Interesting Observations as to Racial Differences in Whites and Blacks.

(Medical Record.)

Williams reports 100 cases of tuberculosis in which he used the diazo reaction for prognostic purposes. He reaches the following conclusions:

(1) That for accuracy, should the fresh specimen fail to give the diazo reaction, we should allow the urine to stand for twenty-four hours and examine again. (2) Having made the test, the foam failing to show the reaction, the mixture should be allowed to stand for twenty-four hours to see if there is or is not formed a greenish precipitate. (3) That the absence of a diazo reaction in white tuberculosis cases is of a favorable prognosis, as a rule. (4) That the presence of a diazo reaction in white tubercular cases is of an unfavorable prognostic value. (5) That the absence of the diazo reaction in the tuberculous negro is of no prognostic value. (6) That there is possibly a racial difference between the whites and blacks which accounts for the absence of the diazo reaction in the urine of the tuberculosis negro, and the presence of the diazo reaction in the urine of the white tuberculosis in the advanced stage.

Influenza in its Relation to Diseases of the Nervous System.

(Medical Record.)

Collins states that there is no specific influenza-psychosis, and no form of insanity that is particularly likely to be called into existence in influenza. Individuals who are liable to develop insanity, *i.e.* those who are laden heredi-

tarily and those who are debilitated by alcohol and syphilis, are more likely to develop a psychosis if they have influenza than if they have not. In this way influenza may be said to stand in relationship to manic-depressive insanity, general paresis, confusional states, and possibly even dementia recox. It is undeniable that psychoses sometimes develop after influenza in individuals who have neither hereditary nor neuropathic taint, but so likewise does insanity, not preceded by influenza. Psychoses develop both during the prodromal stage, the febrile stage, and after the influenza has ceased to exist as a disease, causing general symptoms, *i.e.* in the stage of convalescence. It seems legitimate to believe that the psychosis immediately preceding and during the active stage of influenza is dependent upon the action of the toxins upon the cerebral cortex, and in these instances the psychosis is apt to be of the nature of acute delirium. These are cases on record in which this acute delirium has been very profound, and terminated fatally within a few days, and in such instances there can be no doubt but that the action of the toxins upon the brain is to produce an acute hemorrhagic inflammatory condition. In the cases that develop after convalescence of the disease the mental condition is probably the expression of the effects of the toxins upon the cortical nutrition, and likewise upon the nutrition of the entire system, and are to be looked upon as a combination of causation and intoxication.

It has been pointed out by many that there is no relationship between the severity of the attack of influenza and the insanity which accompanies or follows it. Oftentimes the most severe mental disorders may occur soon after or ap-

parently in connection with a light attack of influenza.

In conclusion, he states, that experience teaches him that the baneful effects of the pathogenic activity of the Pfeiffer bacillus upon the nervous system have been overestimated, and that in reality influenzal and post-influenzal neuroses and psychoses are not very common. Finally, he trusts that this statement may not be considered as a denial of their occurrence.

Gonorrheal Arthritis.

J. A. Witherspoon, Nashville, Tenn. (*Journal A. M. A.*), describes gonorrheal arthritis which is by no means always consecutive to specific urethritis, but may develop from the infection in any part of the body. He does not, moreover, accept the statement of certain authorities that rheumatic individuals are more liable to this phase of gonorrhea, except in so far as a general lessened resistance may make them so. The two diseases are absolutely independent of each other. No joint in the body is exempt, but in his experience the left knee has been the one most frequently involved. The disease is in most cases readily distinguishable from articular rheumatism, but there may be more difficulty in differentiating some of the chronic cases from tuberculous arthritis. In the latter, however, the involvement of the joints is less apt to be multiple, they are less painful and swollen as a rule, and the trouble usually dates from some injury instead of from a gonorrheal infection. There is usually a tuberculous tendency. The prognosis of gonorrheal arthritis is always uncertain; the infection is often latent, especially in the glandular type, permanent ankylosis is liable to result.

and if the heart becomes involved it is always of grave prognostic import. Treatment is as varied as it is unsatisfactory. In acute cases Witherspoon advises rest in bed, fixation of the joint by splints to relieve pain, which may also call for an opiate. Local applications are grateful, and he recommends an ichthyol ointment, 50 per cent. early in the case. Salicylates, which are very generally given, do no good, but add to the discomfort by disordering the stomach. In chronic cases, general reconstructive and potassium iodid are useful, and in both forms the cure of the initial lesion as early as possible is advised. Witherspoon does not agree with those who condemn surgical measures in this disease, but thinks that they are often of great benefit. Partial strapping of the joint will often give relief; in other cases aspiration and in suppurative cases incision and drainage is the only treatment. Fuller's method of opening and draining the seminal vesicles is noticed, and a case is mentioned in which it seemed to be of benefit. The author finds it difficult to understand the rationale of this treatment.

Methods of Dilating the Cervix Uteral Term, Surgery, Gynecology, and Obstetrics.

Lewis states in an editorial that the question of artificial dilatation of the cervix of the pregnant uterus, or at near the termination of gestation, has occupied the attention of obstetricians within the past year of so to an uncommon extent. The bloodless methods of dilatation of the cervix comprise three general varieties: by the band, by the bag or balloon, by the metallic branching dilator. The manual methods possess the advantage of convenience, of

safety, and of perfect control by the operator. They are just enough for nearly all cases, where one safely has hours instead of minutes the bag method is the best. Of these the Dr. Riles type is the best. Lewis does not think we are justified in using any of the metallic dilators. Dührssen operation, which he calls "vaginal" Caesarean section," is adopted only for cases when the cervix is nearly obliterated and when labor has been in progress for some time. The operation consists in separating the interior uterine wall from the bladder, opening into the posterior cul-de-sac, and continuing the incisions in front and behind well into the lower uterine segment. The operator can now deliver at once by forceps version or other means. Lewis prefers a nabadominal Caesarean section. The rules in obstetrics still remain: Do nothing without indications; do no more than indications warrant; do not in the least particular sacrifice safety for speedy delivery however imperative that seems.

Acetone in Inoperable Uterine Cancer.

Gellhorn brings forward acetone as a useful remedy in some of the more distressing symptoms of inoperable uterine cancer (*Jour. A. M. A., April 27, 1907*). A rapid review of the latest remedies and their failure to relieve is given. The hemorrhage and the unbearable odor were the most prominent symptoms to be relieved, and in the St. Louis Skin and Cancer Hospital several chemicals were tried. Acetone, because of its property to harden tissue, was tried with very satisfactory results in a limited number of cases. The odor is relieved, the discharges cease, hemorrhages fail to occur,

wound canity is diminished, somatic condition of patient greatly improved. Sensations of pain in parts beyond the reach of the acetone are not relieved. No evidence of acetone in the urine during treatment.

The following is the technique employed:

The treatment should, if possible, be preceded by a thoroughly excochication of the ulcerating area. The curetted cavity or crater is then carefully dried with cotton sponges and from one-half to one ounce of acetone is poured into the wound through a Ferguson or other tubular speculum. For this purpose the pelvis of the patient must be raised as in Trendelenburg's position. The narcosis may now be interrupted and the patient be left in this position for from fifteen to thirty minutes. Next, the acetone is permitted to run out through the speculum by lowering the pelvis of the patient and the cavity is packed with a narrow gauze strip soaked in acetone. The healthy mucosa of the vagina and the vulva are cleansed with sterile water and dried.

After this preliminary curetting and cauterization, the regular treatment which requires no further hospital care, is administered twice or three times a week, beginning the fourth or fifth day after the operation. This is done without narcosis and may be given with the patient in bed or on the ordinary examining chair or table in the office. The pelvis of the patient is raised and the tubular speculum is inserted into the cancerous cavity. With the progressive diminution of the crater, smaller specula are gradually employed. The speculum is filled with acetone and held in place by the patient's hand for half an hour, and is then emp-

tied in the manner described above. Care should be taken to prevent the acetone from running over the vulva or perineum.

The immediate effect of this simple procedure is the following. Any slight oozing is checked almost instantly. The surface of the crater is covered with a thin whitish film; wherever there was an extravasation of blood, the discoloration is light brown. The normal vagina is not appreciably irritated. On the vulvar mucosa and the outer skin an excess of acetone produces a faintly white discoloration which soon disappears. There is no pain from the cauterization, save a slight stinging sensation if the acetone has touched the skin. This, however, passes away rapidly if the affected parts be washed with cool water. In no instance have I been forced to employ any anodynes.

Blood Transfusion.

Crile, of Cleveland, Ohio, in association with several other physicians, is engaged in investigating the influences of blood transfusion in some pathological conditions, and gives (*Cleveland Med. Jour.*, March, '07) a preliminary note of clinical observations thus far.

The clinical histories of quite a number patients with results of transfusion are given and the following summary is made:

Summary. The therapeutic results may be grouped into three classes: positive, negative and undetermined. Among the positive results is transfusion in acute hemorrhage, which is apparently final. In pathologic hemorrhage it has proven positive in improving the patient's immediate condition, and in most instances wholly controlled

the hemorrhage itself. In shock its value seems far greater than any other remedy hitherto employed by me. From the experimental standpoint it seems to be the most effective treatment of illuminating gas poisoning.

"Among the negative results are transfusion in pernicious anemia, leukemia, carcinoma, strychnine poisoning and diphtheria toxemia.

"Among the undetermined results may be mentioned chronic suppuration with its attendant debility and anemia, tuberculosis and the acute self-limited infectious diseases.

"Of the 17 clinical cases all were technically successful. In every instance the donee experienced a heightened vitality, and in the absence of serious organic disease the patient became buoyant, even jocose. Some had chills during transfusion or soon after, and a majority showed some febrile reaction later. In the case of serious disease, such as suppuration, pernicious anemia, leukemia, the improvement in the blood picture was not maintained, as in patients having no serious disease or infection. It is our intention to go over the field and endeavor to establish limitations as well as values and this note is but a further report of progress."

Gift of Seaside Cottage for Children's Hospital.

During the summer of 1906, a movement was organized in the city of Wilmington by some of its philanthropic citizens to establish a seaside hospital on the coast for the benefit of sick children of the poor. From some cause, principally financial, the object was not at the time attained, but efforts for securing the establishment

of the hospital were continued by committees during the winter months. From the Wilmington papers we learn the enterprise has been made an assured success by the gift of a suitable building for the purpose by Mr. and Mrs. James Spunt, of Wilmington. It is also intimated that if the cottage is not adequate to the demands other property will be deeded, and additional buildings constructed. The whole question is now in the hands of a competent committee, on which the medical profession is well represented, and the hospital will be opened this summer.

Mistakes in the Diagnosis of Pulmonary Tuberculosis.

H. L. Barnes, Wallum Lake, R. I. (*Journal A. M. A.*, February 16), gives an analysis of the histories of 165 patients with tuberculosis admitted at the Rhode Island State Sanatorium for Consumptives, with special reference to the question of early diagnosis and treatment. Only the cases with reliable and complete record were used. He found the presumable duration of the disease averaged 15.4 months, and that 40.9 per cent. of the patients delayed seeking medical advice or treatment, such delays averaging 7.9 months. Forty-six per cent. were incorrectly diagnosed, the resulting delay in correct diagnosis averaging 11.3 months. In 18.1 per cent. of patients the lungs were examined and pronounced sound, and in 18.7 per cent. the incorrect diagnosis was made without sputum examination, though sputum was available. In 2.4 per cent. the correct diagnosis was purposely withheld by the examining physician. Barnes regrets that this practice is still followed by some, and holds that it is not warranted by any valid considerations. The failure

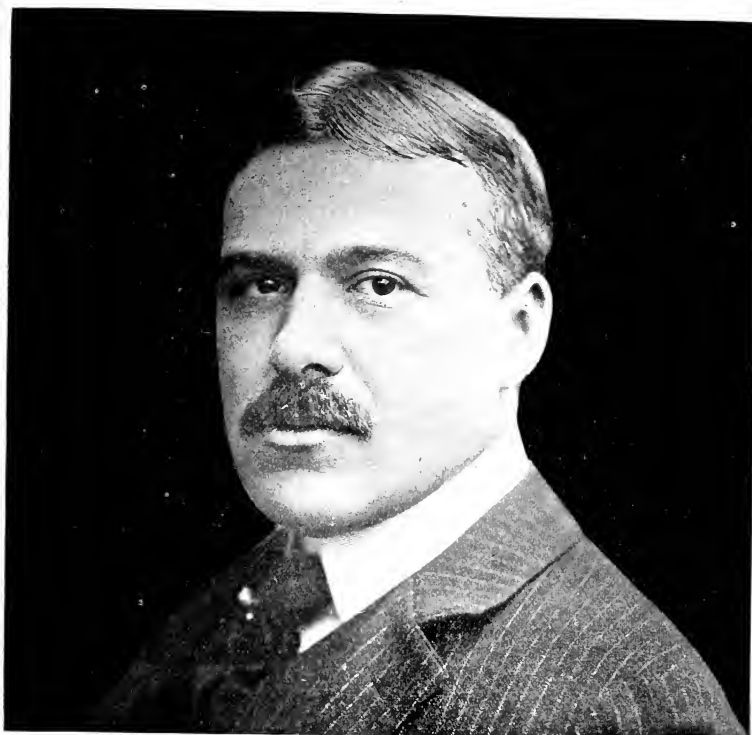
to diagnose tuberculosis after hemoptysis also is surprisingly common, occurring in 12.7 per cent. of the cases here analyzed. Inasmuch as the sanatorium does not receive the worst cases, it seems possible that those it does receive have been more wisely handled than the average of all tuberculous patients in the community, which gives figures an added significance. He says: "This optimistic and fatal waiting policy should be appreciated. A tuberculous history should be sought for in all lung diseases, and in atypical and doubtful cases of grippe, bronchitis and malaria the diagnosis should promptly be made by tuberculin when other means fail."

Too prolonged or too rapid and vigorous use of the pump in the Bier apparatus will frequently cause a rupture of the superficial bloodvessels and in many cases, severe sloughing of the superficial parts ensues, the result of the treatment being worse than the primary cause of the trouble. Application of the Bier cup to an abscess for four to five minutes twice a day is more beneficial than a single ten-minute application.—*American Journal of Surgery*.

Incipient Consumptives.

Dr. M. P. Burnham, superintendent of the New York State Hospital for Incipient Consumptives, in a letter to the profession of his State (*Buff. Med. Jour.*), gives the following information: Thirty-five beds in the institution are vacant for want of proper material, most of the cases presented being in an advanced stage of the disease. Approximately there are 50,000 cases of tuberculosis in the State, many of

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whom are in the incipient stage; one object of the institution is to encourage early diagnosis; last year 85 per cent. of incipient cases were discharged apparently cured, comprising 56 per cent. of all cases treated; no advanced cases were discharged as improved. The appended extract shows the purpose of the letter:

"The definition of an incipient case, as adopted by the National Society for the Study and Prevention of Tuberculosis, is as follows:

infiltration limited to the apex or a small part of one lobe. No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbance or rapid loss of weight). Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest. Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent."

"Slight initial lesion in the form of

This is the class of cases we desire to

receive to the full working capacity of the institution.

The Board of Trustees of the New York State Hospital for Incipient Tuberculosis have authorized the publication of this letter, feeling it their duty to acquaint the medical profession with the surprising conditions existing in the State at this time regarding tuberculosis and its prevention and treatment."

Rapid Emptying of the Uterus.

Cotton reports a case of eclampsia in which it was desired to empty the uterus quickly (*Cannad Pract. & Review, April, '07*). Patient was unconscious, no pains or dilatation, no other indications of labor. The plan used he advocates strongly in properly selected cases is here given:

"The technique of the operation was as follows: A tenaculum was hitched to either side of the cervix, and brought well down. A strong pair of scissors was used and the cervix was split in the anterior middle line up to the body of the uterus. Then cross incisions at an angle of about 45 degrees, between the cervix and body of the uterus, extending about 1 1-2 inches on either sides from the central incision. (The hemorrhage was very slight owing to the fact that the vessels were immediately stretched by delivery of the child.) This gave us an opening in the uterus of probably four inches in diameter, after the parts were stretched. The membranes were then ruptured, forceps applied, and the child delivered in a few minutes.

"The placenta was expelled in about five minutes. Hemorrhage was nil. Then applying the tenaculum to either side of cervix again, and third one to

the apex of the upper lip, bringing it down to its place, 10 day chronic acid sutures were applied to either sides and down the anterior cut in cervix. This left the cervix and body of the uterus much as it was before the operation was performed."

* * * *

"The advantage it has over stretching operations, either manual or with dilators, are:

- "1. It can be done more quickly.
- "2. Less shock to the patient.
- "3. Less danger from sepsis.
- "4. It being a clean surgical proceeding instead of leaving a torn and ragged cervix.
- "5. And not least important, much less exertion on the part of the operator."

Nervous Headache.

Marrs would eliminate the reflex theory of nervous or sick headache (*So. Pract. May, 1907*). The most tenable theory as to etiology is a uric acid diathesis, dependent upon deficient elimination. For relief and cure he suggests the following:

"The treatment embraces such remedies and measures as will afford temporary relief and so far as possible avoid recurrences. Elimination is of the utmost importance, but in order to be of signal benefit in ameliorating a paroxysm such remedies must be taken at the very outset. As remedies for this purpose nothing is of greater value than a few grains of calomel followed by generous doses of salines. As just suggested, the patient should stay in a darkened chamber and assume a recumbent position. The question as to whether to apply heat or cold to the head should be determined by the

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symptoms in each individual case. If there is an hyperemic condition of the brain cold is indicated and will afford much relief. If, however, there is an opposite condition warm applications will do more good. Sinapisms have been used from the beginning of time and will always be in favor. Acetanilide preparations, no matter under what name they are used, should be very sparingly employed. Coal-tar impairs the oxygen-carrying function of the red blood corpuscles and may produce untoward symptoms many weeks or months later. Peacock's Bromides I have always found to have a pleasant sedative action with no untoward after-effects. It should be given at the very beginning of the attack.

A long course of salines will sometimes be of permanent benefit to those afflicted with this ailment. From this we would be led to believe that the trouble might have its origin as an auto-toxemia. An occasional colonic flushing may be of value. Elimination from all the emunctories should be well maintained. The patient should not take, unless in moderation, coffee, tea, and alcoholics. Fruits, vegetables, and cereals should constitute the principal part of the dietary. The patient's social and business affairs be such as will not draw heavily upon his or her nervous energy."

Diagnosis of Gastric Ulcer.

Weinstein claims that the diagnosis of gastric ulcer should present no difficulties as the symptoms are few and characteristic (*N. Y. Med. Jour.*, Sept. 8, '06). Early diagnosis is of fine importance and the larger majority of cases are curable. Neglected cases finally require surgical interference,

which does not offer much hope of cure, the case ultimately ending in death.

In the diagnosis of gastric ulcer we must keep in mind the facts that its development is very slow and that there are no other symptoms in the beginning beyond painful pressure after a large meal. As the disease progresses the same painful pressure and discomfort in the epigastrium come on after the ingestion of light food, and the patients resort to liquid diet as the only food, after taking which they experience no pain.

At this stage careful inquiry will disclose the fact that the pain in the epigastrium or back appears or, if constant, is aggravated after a meal. Physical examination will elicit an epigastric or dorsal pain point or both. If in addition to the foregoing which, by the way, are the most reliable symptoms of ulcer, there are evidences of hyperacidity as expressed in acid eructations, vomiting of sour material, headaches, and constipation, then we may safely conclude that the case before us is one of ulcer, and we should lose no time in instituting appropriate treatment. It is not necessary to wait for hæmatemesis to confirm the diagnosis, and we may rest assured that sooner or later this positive symptom will appear if we but wait for it. Hæmatemesis occurs in about one-third of the cases of ulcer, but it is almost always a late symptom and therefore preventable. Absence of hæmorrhage is usually the cause of failure to diagnose ulcer, and I cannot but repeat that hæmorrhage is by no means a *sine qua non*. It is far better that this symptom be entirely left out of consideration in the diagnosis of peptic ulcer.

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An Annual Visitor.

We have just passed through our annual epidemic of la grippe, which, as usual, claimed its victims among all classes an conditions, mainly, however, among the classes where the resisting power was below par, or among sufferers from some chronic ailment. While the sequelae and complications of this disease may assume almost any phase of acute inflammatory character, its primary effect is upon the nervous system. Therefore, we have no hesitancy in saying, no matter what the local inflammation may require as a medicine, by all means give antikamnia tablets as a nerve sedative and to relieve the muscular pains always present. We have

seen a violent cough of bronchitis treated upon the general plan, with the cough as distressing at the end of twenty-four hours as at the beginning. promptly yield to six antigamnia tablets during an interval of six hours. La Grippe usually requires a double treatment, one directed to the influenza, and the othre devoted to the complications present, be they of the respiratory organs or digestive tract. In all cases antikamnia tablets will be found to perform a prominent and successful part and purpose.—*Medical Reprints*.

Tonsolitis.

Inflammation in any form attacking the tonsillar regioan gives rise to symptoms of most distressing character and at the same time provides a most favorable soil for the entry into the system of other infections. It is well to remember that at first this disease is only a local disturbance affecting the capillary system and glandular structure and if promptly and efficiently treated will remain local. The constitutional symptoms such as fever, headache, etc., only develop when there is considerable infection taken up.

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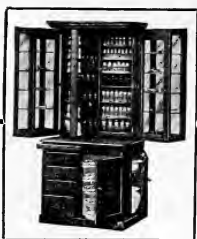
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The Value of Sulphur in the Treatment and Prevention of Malaria.

In certain localities it has long been recognized that sulphur possesses marked value in controlling and preventing malarial attacks. A recent editorial in the *Medical Record* (March 23, 1907) calls attention to a communication by Diesing (Archiv. fur Schiff—und Tropen—Hygiene, Vol. X, No. 16) who, as a result of considerable personal experience with tropical diseases has become convinced of the value of sulphur as a prophylactic and curative measure in malarial infections.

Commenting the *Medical Record* says: "It is possible to advance a very plausible theoretical explanation of the efficiency of sulphur preparations in malaria. It is well known that pigment constitutes an important factor in the development of the specific parasite, and is absorbed in large quantities from the red blood cells of the patient. The more firmly the hemoglobin is united to the red cells, however, the less the amount which can be taken up by the malarial organism. It has been found that sulphur, particularly when it is absorbed through the lungs in the form of sulphureted hydrogen or sulphur dioxide, unites with the hemoglobin to form sulphomethemoglobin. The latter is exceedingly stable, and it may be assumed that the resistance which it offers to the action of the oxygen of the air is similarly exerted against the disintegrating properties of the malarial parasites. We may then suppose that the development of generations of malarial organisms is interfered with because the necessary amount of the essential pigment is not at hand. The writer was so impressed with these facts that he employed a sulphur cure in his own case, and found that the

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parasites were promptly eradicated from the blood picture. Not only must these sulphur treatments be regarded as curative, but they also apparently possess a prophylactic value for patients treated in this manner have been found to withstand the onslaughts of malaria on their return to the infected districts without a resort to quinine."

The foregoing accounts logically for the pronounced action that has been observed following the administration of Sulpho-Lythin in malarial conditions. This product in the alimentary canal liberates nascent sulphur which is rapidly absorbed into the blood, where it combines with the hemoglobin as above, and serves to inhibit the growth of the malarial parasites. Moreover Sulpho-Lythin stimulates the hepatic function, another important feature in the correction of malaria. Unlike many other hepatic stimulants Sulpho-Lythin exerts no cathartic action, and simply augments intestinal elimination by increasing functional activity of the liver.

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the choice of a hypnotic the physician should always seek that one which not alone is most effective but which presents the fewest disadvantages in the way of after effects. For years Bromidia has been the standard hypnotic prepared at the command of the profession. Through all the time that it has been known it has never failed in composition of efficiency. Its constituents have been of the purest, and in fact, Bromidia has been the standard by which similar preparations have been measured. That the medical profession has appreciated its worth and through reliability is well apparent, from the place it holds in the regard of every physician who appreciates stability and honesty.—*The International Journal of Surgery.*

Powder Burn of Face.

By E. Kuder, M. D., Coffeyville, Kan.

About a year ago I was called in a hurry to relieve the awful suffering of Carl Rucker, of this city, 10 years old, who when playing with other boys exploded about two ounces of coarse black shooting powder in a little earth mount, and not being quick enough to turn away got the most of the discharge into his face; even the conjunctivae of both eyes were blackened, and from the burn and subsequent inflammation shut

tight; one of the ears also got burned very badly.

To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain beside, I scraped a cake of shaving soap, mixed it thoroughly with Antiphlogistine, and applied it about one-half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one-half hour later the little patient, a very sensible child, rested very comfortable free from pain and slept a few hours soundly. About 24 hours later I removed the whole mask from the boy's face and to my great delight and surprise the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with a solution of cocaine adrenalin.

Another remarkable circumstance is the fact that the boy at the same time got entirely rid of his freckles, not a trace of the latter could be detected.

For about a week the face got anointed with cold cream twice daily, and being well was discharged as cured.

An Efficient Formula for Use in Rhinitis.

(By DAILEY APPLEBERRY, M.D., St. Louis, Mo.)

During the changeable spring weather it is no unusual matter for the physician to be called upon by his patients to treat their nasal troubles, among which the most common is, beyond all doubt, that catarrhal inflammation of the schneiderian membrane which is currently called rhinitis. It is that

form which is not only annoying but very often painful. Among the symptoms which may manifest themselves are puritus as well as an accompanying anosmia, both of which are exceedingly unpleasant to those so affected. There are many practitioners who begin treating such cases by at once cauterizing the mucosa with stick nitrate of silver, with chromic acid, with the acid nitrate of mercury or even with the galvano cautery.

These are methods which are but seldom indicated and should but rarely be employed, as the results of their use culminate in scars and a disagreeable condition of the nasal cavity with the constant formation of crusts.

Not long since I had occasion to see and examine some patients affected with such catarrhal rhinitis and the appearance presented was that of an angry-looking mucous membrane whose secretion was pronounced and inclined to become purulent. In all of these the patients were ordered to take appropriate tonic remedies and for local application the following was ordered to be applied three or four times daily.

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This acted like a charm and in a comparatively short time my patients reported themselves well. It would not be a bad idea to combine white liquid hydrastis with the above; but, above all, see that there is a liberal amount of katharmon, for that is the ingredient that does the work. Those colleagues who will imply the above formula will find it among the valuable ones they possess.

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BOOK REVIEWS.

What the Judge Doesn't Know.

Attacking our prison system and the theory that crime can be cured by punishment, Brand Whitlock writes in the May *Everybody's*:

"Many men in prison are suffering for the sins of the judge that condemned them quite as much as for their own. The magistrate has no means of knowing the really significant things about the man before him; what strange, occult, mysterious currents of human will or fate, moving in the man's mind or in the minds of his ancestors, impelled him to his deed; he has no means of knowing how far the man has been the prey of economic forces that the judge does not understand, or what hidden physical defect may have created moral defect or obliquity in him. All the judge knows is that in a certain book it is printed that between minimum and maximum limitations there is a mysterious number of years that must be prescribed for burglarly, another number for larceny of a sum over \$35, another for stealing a horse, another for flogging a note, another for firing a dwelling; or that there are so many days for larceny of a sum under \$35, so many for getting drunk, for creating a disturbance, and so on. It would be just as sensible for doctors to say that a man with typhoid fever must go to a hospital for two years, a man with smallpox seven years, a man with appendicitis three years; a man with a boil thirty days, a man with a carbuncle ninety days, a man with a cold ten days, and so on. When a man is cured of a physical disease, he is discharged from a hospital; when a man is cured of a moral disease, he should be discharged

from a prison, that is, assuming that a man could ever be cured of a moral disease in a prison, which, of course, he cannot—as society itself admits by continuing the treatment when he does get out. But then the law, on the criminal side, has made no progress in two hundred years, and so cannot be compared with medicine."

Annals of Surgery for June (One Dollar.)

Never was greater enthusiasm or more strenuous effort displayed by any profession, never were more arduous labors performed, never was more efficiency advocated and never were more glorious results achieved than in the surgery of to-day. The magnificent advance of this art, so well depicted in the *Annals of Surgery* during the twenty years, has blazed the way, and made possible the solution of innumerable problems of our associates in other departments of the profession. Truly if the sum total of human happiness is to be measured by the saving of life, then, indeed, should modern surgery be honored and its masters revered.

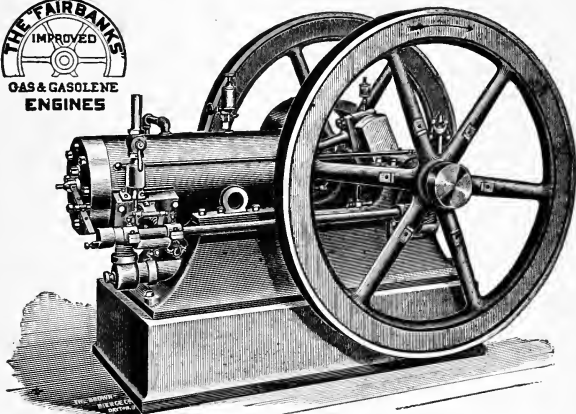
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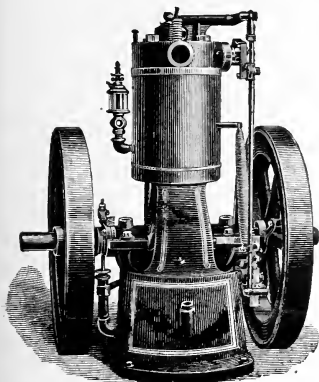
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AN EPITOME OF DISEASES OF THE NOSE AND THROAT. By J. B. Ferguson, M. D., of the New York Post-Graduate Medical School. 12mo, 243 pages, with 114 engravings. Cloth, \$1.00, net.. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907. (*Lea's Series of Medical Epitomes*. Edited by Victor C. Pedersen, M. D., New York.

The author has presented in concise and practical form the diagnosis and treatment of diseases of the throat and nose. He has planned the book to be helpful to the under-graduate and post graduate medical student in gaining familiarity with laryngological work, and likewise to the general practitioner, who is often called upon to treat diseases of this region, and who needs to have the chief points in diagnosis and treatment concisely placed at his command. All these classes of readers will appreciate the systematic arrangement, the clear directions for examination, the illustrations of preferable instruments and of diseases, and the abundant formula for the best medication. *The Medical Epitome Series*, of which this is the latest volume, will cover the whole range of medicine, surgery and the specialties in original books written by recognized authorities, and uniformly priced at one dollar.

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Many physicians, being above sectarian prejudice, would honestly use that which is most useful in the materia medica of each different school if it could be clearly pointed out to them and separated from that, which is of doubtful value. There is no doubt that each sect has something of value in the agencies it employs in the treatment of disease, or its practice would soon fail. Around this nucleus they have accumulated much material that has little scientific value. It is the duty, as it should be the pleasure, of the physician who wants to do the best he can for his patients to study each school of therapeutics with a view to adopting anything in it that may be better than his own. But there is very much ground to go over, and much of it is stated in peculiar, exclusive terms, not the common language of the profession at large.

Dr. Blair, a regular physician of very

high standing in his profession, has made a close study of the materia medica and therapeutics of each of the sectarian schools, has for many years tested their methods and remedies in his extensive practice, and has carefully noted in each one that what every practicing physician should know and be able to adopt in his practice.

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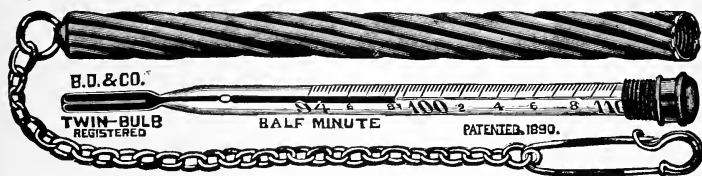
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The "International Congress to Combat Tuberculosis as a Disease of the Masses," which convened at Berlin, May 24 to 27, 1899, awarded the International Prize to this work through its Committee on July 31, 1900. American Editions: First Issue, 1901; Reprinted, 1903; Reprinted, 1905; Revis-

ed with Supplement, 1907. Published by FRED. P. FLORI, 514 E. 82nd St., New York. Also for sale by "Charities and the Commons," 105 East 22nd Street, New York City, 1907.

Annals of Surgery.

This excellent publication contains in the April and May issues a number of articles by well-known medical authorities. In the April number we would particularly call attention to a very complete article by Drs. Jas. H. Kenyon and Frank Hartley, on "Cerebral Surgery." The article in question is profusely illustrated and exhaustive in scope. Others and equally interesting articles may be found in the same number, of which latter we mention at random: "Operation for Neoplasms of the Tongue," by Dr. Jno. Rogers; "Tuberculosis of the Bladder," by Dr. Geo. Walker.

In the May issue especial interest will be accorded an article by Dr. Frank Morten on the "Surgical Treatment of Trifacial Neuralgia," and one by Dr. Richard H. Hart, on "Stab Wounds of the Heart." "A Critical Review of a Recent Series of Operations Upon the Stomach," by Dr. Geo. E. Brewer, will be read with much interest. On the whole we regard the issues for April and May as of special value.

Dr. E. L. Stainey, of Greensboro, has opened a sanitarium for the treatment of tuberculosis.

Dr. C. W. Moseley, of North Wilkesboro, has moved to Greensboro and will make a specialty of stomach diseases. Dr. Moseley is well prepared for the work, he having given this important subject much study for several years.

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SELECTIONS FROM OUR EXCHANGES.

The Treatment of Puerperal Eclampsia.

In the *Birmingham Medical Review* for October, 1906, Savage gives a summary of the method of treating puerperal eclampsia as practiced at the pres-day. The practice of the Rotunda Hospital, Dublin, is described by De La Harpe. Veit's treatment by large doses of morphine is adopted, but induction of labor is never performed, and forceps are only applied in very exceptional cases and when the head is already on the vulva. The treatment consists in:

1. Morphine, half a grain hypodermic injection, followed by a quarter of a grain, and given, if necessary, every two hours up to two grains and until sleep is obtained.

2. A large amount of water is given to drink, or, if unable to drink, the stomach is washed out by three or four pints.

3. Two ounces of castor oil with three to four minims of croton oil.

4. The lower intestine is washed out by a rectal saline.

5. Diaphoresis is induced by covering with warm blankets.

6. Lying on side to prevent the saliva running down trachea.

7. Digitalis and atropine are given when necessary, on account of the weakening of the circulation and respiration.

8. Saline injections with phlebotomy in cases of plethora.

The statistics with this treatment show a mortality in the hospital of 18.9 per cent. whereas during the period before it was adopted, from 1889 to 1892, it was 35.3 per cent.

Robert Jardine, who advocates the

treatment of puerperal eclampsia by saline diuretic infusions, says that by prompt purging with salts, the use of diuretics, and a milk diet, cases of marked dropsy and the albuminuria of pregnancy, when they have reached the stage of severe headache, and presumably, he says, within an ace of having fits, can be saved from having eclampsia by this treatment. He quotes six such cases with satisfactory results. On the other hand, he says, when the fits are occurring diuresis cannot be established quickly enough in the ordinary way, absorption by the stomach is almost in abeyance, and even if it were normal a good many hours would have to elapse before the action could be set up; hence the drugs must be given subcutaneously. For instance, in a comatose patient he pours four tablespoonfuls of salts into the stomach through a tube, gives an infusion of two pints, and applies a hot pack.

In the matter of the obstetric treatment, Jardine does not interfere if labor has not begun. During the first stage dilatation is left to nature if the fits cease, but if they recur he says the uterus should be emptied as quickly as possible. During the second stage delivery should be effected at once and under deep chloroform narcosis.

The mortality in the Glasgow Maternity Hospital, previous to fifteen years before (writing in 1901), by treatment with chloroform, chloral, bromide, veratrum viride, and morphine, was 47 per cent. Since the saline infusions have been added to the treatment the mortality has fallen to 17 per cent. in over thirty cases.—*Therapeutic Gazette*.

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contraindication. As it lowers blood-pressure it may be dangerous in persons whose pressure is already low. Increased extent of anesthesia must be obtained by raising the pelvis and not by increasing the dose.—*Therapeutic Gazette.*

Journal Consolidation.

Consolidation of Medical Journals seems to be the order of the day. The latest is *The Medical Mirror* and the *Medical Era*, both of St. Louis. The *Mirror* is merged into the *Era*, which will fill all existing contracts of *The Merror*, and Editor Baereus looks for the consolidated journal to become the leading figure in independent medical journalism in the West.

Safe Hypodermic Anesthesia for Major Surgical Work is Now an Accomplished Fact.

From all sides come reports attesting the remarkable efficacy of the new method of securing surgical anesthesia with "Hyoscine, Morphine and Cactin Compound, Abbott." The surgeons are taking it up, with something akin to enthusiasm. The writer had recently the opportunity of witnessing three serious operations performed under this anesthesia. One was an appendicitis. This patient had two injections of one tablet each, two hours apart. After the last one the attendant came to report nervously that the respiration had fallen to six per minute! The surgeon got up leisurely and remarked that the patient was about ready for the operation, and without concern proceeded with the work. No nausea, no assistant to see to the anesthetic, no unrest, bronchitis or nephritis, but perfect anesthesia for hours, allowing plenty of time for careful work, with hours of quiet sleep thereafter. Surely this is pretty close to the ideal.

Several physicians have reported similar ideal results from this combination in obstetric cases. Smaller doses, however, are used (half size) and care should be taken not to begin too early. This combination is also the best we possess for false pains and pending miscarriage, especially from excess of foetal activity.

Other reports coming in indicate that the profession is applying this anesthetic combination in a wide range of other pointed cases. Several have testified to its superior efficacy in relieving the atrocious pangs of hepatic and renal colic, where it leaves the old morphine atropine combination hopelessly in the rear. A few doses may also well be

used to produce sleep in morphine cases, while the regular dope is being gradually reduced. This will probably prove efficient and safer than hyoscine alone. It is now an established fact that hyoscine, when chemically pure, is not therapeutically identical with scopolamine as some claim. Results unqualified by disprove their assertion. The triumph of this anesthetic "Hyoscine, Morphine and Cactin Compound." "Abbott" is again a triumph for chemical purity and definiteness of drug application. — *"Clinical Medicine."*

Physiological Salt Solution as an Irrigating Fluid.

More doubt is being cast from day to day on the actual value of antiseptic solutions for purposes of irrigation in external wounds or in lesions of the accessible internal organs. The rational procedure would appear to consist in the use of a nonirritating fluid, the effect of which would be largely mechanical. These qualities are well met by the ordinary physiological salt solution, but in the desire to gain an antiseptic action, which has been greatly furthered by the numberless remedies of this character which have been placed on the market, this has been almost entirely forgotten. Pasteau (quoted in the *Medico-technologisches Journal*, 1907, No. 1) makes a plea for the use of the decinormal salt solution, particularly in genitourinary surgery, and considers that its advantages are sufficient to commend it as superior to all the other drug solutions. Among these are its absolute blandness and lack of irritating effect on the mucous membranes, which is present with the use of even the most dilute solutions

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of other materials ordinarily employed for this purpose. In using salt solution for bladder irrigation, it also has the advantage of dissolving blood clots and accumulations of pus, and thus facilitating their removal, whereas the action of most antiseptics is one of coagulation. Another point in its favor is that when some of the solution is left in the cavity irrigated, whether accidentally or by design, its absorption will have no deleterious effect on the organism. The ease with which the solution may be prepared is another great point in its favor, as it is not essential to employ an absolutely sterile solution, for if used soon after being subjected to a half-hour's boiling, it fulfils all practical requirements.

The Effect of Quinine on the Uterine Contraction.

Differences of opinion have long existed among obstetricians in regard to the value of quinine as an oxytocic, and while some observers have lauded it as a useful uterine stimulant others have considered it either of no value for this purpose or at best unreliable in its action. A comprehensive summary of these conflicting views is presented in the *Deutsche medizinische Wochenschrift*, January 31, 1907, by Maurer, who also reports his own experiences with the drug. He administered it in sixty-three cases during labor and fifteen times in the treatment of abortion. In 72.2 per cent. of the cases he considers that an effect was produced which was the result of the medication and in the remaining 21.8 per cent. it



appeared to be without efficacy. His experience leads Maurer to believe that quinine undoubtedly strengthens the uterine contractions and perhaps may induce their onset, but that it shares with other oxytocics the disadvantages that its effects cannot be guaranteed in every case. According to Maurer's experience its administration is not attended by any untoward action on either the mother or child, and the uterine contractions evoked are physiological in character. In explaining its mode of action he assumes that, granted a normal uterine musculature, in cases of inadequate contractions there is a lessened susceptibility of the muscle to stimuli and the quinine serves to increase the irritability of the organ to the nervous impulses in question. It was found that the nature of the quinine preparation is of no importance and that it may be given either by

mouth or hypodermatically. Maurer's routine method is to give one gram of the sulphate by mouth and if no effect is manifest at the expiration of an hour to give 0.5 gram more. If there is still no improvement in the conditions this dose is repeated in half an hour, but if this is ineffectual the patient is regarded as having an idiosyncrasy that renders her insusceptible to the influence of the quinine.—*Med. Record.*

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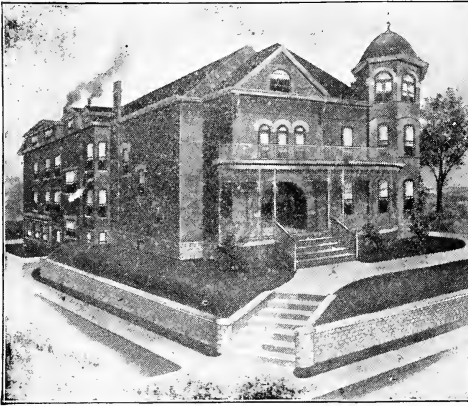
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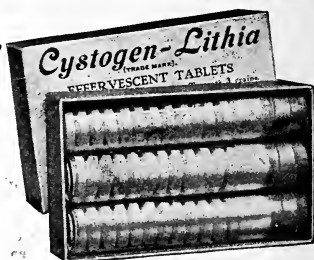
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Surgeons who endeavor to hold up the fundus by shortening the uterine

end of the round ligaments put out of action the strongest portion of the ligaments and double the strain on their weakest and most fragile portion, the pubic end.

Still another class of operations have for their special feature the looping of the ligaments at a point about an inch and a half from the cornua, drawing the loop against or through the abdominal fascia and stitching it there. The objections to this class of operations are several, (1) that they draw the peritoneum into an infundibulum, some even pulling it through the fascia and muscles of the abdominal wall; (2) a number of them necessitate sutures in the peritoneum; (3) all side-track as it were two-thirds of the ligaments, and (4) some of them make dangerous loops inside the abdominal cavity.

The trouble with ingenious surgical

minds, when seeking to devise methods for overcoming retro-displacements is, I believe, that they fail to take into account the normal anatomical and physiological relations of the round ligaments.

The anatomical point to which I wish to call special attention in this connection is that as the round ligament passes outward to the pelvic wall to skirt along its side to the inguinal canal, just as it reaches the bony pelvis it passes above and to the outer side of the hypogastric artery, around which it plays as a cord does over a pulley.

*I first noticed this while doing pelvic work by the abdominal route. None of the older editions of the anatomies mention it, nor is this important fact referred to in any gynecology published. However, I understand the last edition of Gray and Cunningham's Anatomies described this long-overlooked relation.

After intra-uterine life, the hypogastric arteries, shrivel into fibrous cords which have far more resistance than did the arteries. This anatomical relation provides for an important physiological function. The "hypogastric pulley," as I have designated it, acts as a pivotal point, not fixed immovably, but sling-like in its adaptability, about which the round ligament plays as the uterus sways backward from a full bladder, forward from a distended sigmoid, upward when pregnant and downward when involuting.

Further, while trying to conceive of some procedure by which the objections inherent to all known methods might be overcome, three ideas fixed themselves in my mind as being essential: First, the forward pull to the fundus

should be through the medium of the natural guy-ropes, the round ligaments; second, the slack should be taken up in the pubic end of the ligaments; and, third, the work done on the ligaments should be pre-peritoneal. The classical Alexander operation is ideal, being based upon sound principles and should be employed in all instances where it is not necessary to open the abdomen; but here, we are dealing with a different proposition.

Before describing the operation which I purpose offering to the profession through the medium of this Association, I pause to say that it is asking too much of any method to expect the fundus to be held *in situ* without having due regard for all other pathological lesions that may be present. If, for instance, the perineum be torn or unduly relaxed it must be repaired, no matter what operation we employ to correct the retro-deviation. If the cervix is torn or hypertrophied, it should be dealt with. By way of illustration, I recall the case of a maiden lady for whom I shortened the round ligaments by the Mayo method. She returned in a few months saying the prolapse was still present. I examined her digitally and found the uterus in good position except that the cervix pointed rather too far forward. But my assurance did not satisfy the patient, and she said if she "squatted down" the prolapse recurred. I then examined her while she was in the squatting position and found that by powerful muscular action she could force the cervix to the introitus. Further examination revealed the trouble to be a moderate degree of supra-vaginal hypertrophy. To overcome this the cervix was amputated

high up, with entire relief. The apparent failure was due not to any fault of the operation but in not amputating the hypertrophied cervix. Many women with retro-deviation of the fundus have an unusually deep Douglas' cul-de-sac; and almost invariably, retroversion of long standing is accompanied by elongated utero-sacral ligaments. When either of these complications be present a reef should be taken in the overstretched utero-sacral ligaments.

The operation which I propose and have been doing for a number of months is briefly as follows. After repairing the lesions of the cervix and perineum the abdomen is opened, and accessible organs carefully inspected and pathological conditions dealt with as may be demanded. The fundus is now gently lifted from its bed in the cul-de-sac and the end of a wet sponge place beneath it. The round ligament upon one side is then caught with a pair of artery clamps an inch or two from the fundus. This forcep is merely a handle with which to tug on the ligament and assist in locating it preperitoneally as described in the next step.

Beginning at the side of the abdominal incision the peritoneum is stripped from the fascia transversalis to the internal inguinal ring. By means of a blunt retractor the assistant now lifts the abdominal wall when a tug on the forceps holding the round ligament quickly reveals to both touch and sight the preperitoneal portion of the ligament. The forefinger or some blunt instrument is now carefully hooked over the ligament preperitoneally and the forceps on the abdominal portion taken off. Gentle traction on the ligament makes it taut and with a bit of gauze the peritoneal in-

fundibulum is gently stripped inward, toward the fundus, leaving three or four inches of the ligament bare. The end of a curved forceps is now pushed through a narrow bit of the conjoined tendon on the under side. The end of the forceps is made to grasp the round ligament about midway its bared portion and pulled backward through the conjoined tendon. By means of a round needle a suture of linen or cat-gut is now passed through the ligament at the apex of its loop and then through the ligament close to the peritoneum, and the suture tied. This brings the loop snugly against the single strand of the ligament running from this peritoneal reflection to the perforation in the conjoined tendon. I usually put a second suture through all three strands of the ligament about midway. The other ligament is then treated in the same manner.

It can be readily seen that by this plan the outer fragile end of the ligament is made three-ply and when the peritoneum drops into place nothing can be seen of the work done since it is all pre-peritoneal. After the ligaments are shortened, the gauze is removed from behind the fundus and the abdominal incision closed the usual way.

It is too early yet to speak of the results of this operation, but so far as I am able to judge from the cases that I have treated by this method the results are most gratifying. Recently I had the opportunity of examining the first patient on whom I did this operation and I found the uterus in a normal position. Assuredly it is based upon sound surgical principles and if properly executed should give excellent results.

My friend, Dr. J. Fulmer Bright, Professor of Anatomy in the Medical College of Virginia, kindly traced the relations of the round ligaments for me, and I wish to give due credit to him.

Discussion.

(By HOWARD A. KELLY, M. D., Baltimore.)

I naturally feel a deep interest in the subject of Dr. Long's paper, as in the year 1887 I published the first article which ever appeared in this country on suspension of the uterus. I called the operation at that time *hysterophororhaphy*, patterning the word after *nephrorrhaphy*, the term we use for suspension of the kidney. Since that day, this operation has run the gamut of an enormous number of changes. It is both curious and interesting to see how far the surgical mind has expressed its natural bent in modifying and improving operative procedures by changes so trivial, or else so more or less radical.

The first thing I should like to say to an audience of general practitioners about the treatment of retroflexions, is that the great majority of cases need no treatment whatever. The moderate retroflexions, or slight tiltings back of the uterus frequently, and the more extreme forms occasionally do no harm whatever, and require no treatment at all. No case of retroflexion should be submitted to an operation because of the displacement alone; only those cases require operation which excite definite symptoms, such as dysmenorrhoea, or, it may be, a sense of dragging and bearing down, pain in the back, and weakness. In young women, in particular, I am very loathe to operate upon a retro-displacement, and if I were a general practitioner, I would not recommend such an operation without careful consultation with cautious specialist.

In women who have borne children, the retroflexion is, as a rule, associated with some enlargement of the uterus, and with a breaking down of the vag-

inal outlet, which I call a relaxed vaginal outlet, not a perfectly satisfactory name, but better, I think, than *laceration* of the perineum, because that suggests a tear, when often there is no tear at all visible to the eye.

Now as to the best kind of an operation. My own operation is that of suspension of the uterus by two silk sutures, by which the fundus hangs to the abdominal wall, just above the symphysis. These cause an effusion of plastic lymph which pulls out, and in time forms a suspensory band, which easily holds the uterus in ante-position (illustration upon the blackboard). I had done this operation over 600 times, when I counted up all my cases a number of years ago. I have had the following accidents, however, which have made me turn to the Gilliam operation, or one of its modifications, in cases of women in the child-bearing period of life. One of my patients at the end of a pregnancy was reported to me as having had an obstruction of the bowel. I never got any further news of this case. In two other instances, the patient became pregnant with twins; in one of these cases, the uterus was not suspended, but fixed, because of a scar due to a myomectomy, done coincident with this suspension. This patient came into such excellent hands as those of R. L. Dickinson, and had the best care, but she died after a Caesarean section, without any clearly assignable cause. In the other instance, after a confinement with twins, the patient had a great deal of bleeding, and being given chloroform in order that a tear might be sewn up, she died under the anesthetic. In addition to these cases, there have been several in the hands of my associates, where there has been serious

trouble with the labor, or Caesarean section has been necessary. These accidents are the only serious sequelae I have had, and aside from them I have had a great number of cases that got through pregnancy in a natural manner.

In a case I recently saw with Dr. Hurdon, there was a transverse presentation, and the cervix was pulled up high over the promontory of the sacrum. On making a short incision in the abdomen, a strong, fleshy, suspensory band was seen, dragging the fundus downward and forward. On cutting this, the uterus went up step by step, until there was a perfect straightening, after which the wound was closed, and in a few days the patient had a baby, after a perfectly normal labor. This was a far simpler and safer procedure than a Caesarean section; I wish it had been tried oftener in similar cases.

The Gilliam operation suspends the uterus beautifully, by pulling the fundus straightforward with the round ligaments. The modification suggested by Dr. Long appeals to me, and I propose to give it a fair trial.

Reply to Dr. Kelly's Discussion

on Dr. Long's paper read at Moorhead City on Pre-peritoneal Shortening of the Round Ligaments, etc.

As Dr. Kelly is the guest of this occasion and the hour has arrived when he is to deliver his address to the Society I shall be pleased to give way to my distinguished friend; therefore will take only a mement or two in replying to his discussion of my paper.

I will notice the points which Dr. Kelly made in reverse order. First he warns us that most women who have retro-deviations of the uterus do

not need an operation. That is true, and the operation which I propose is not intended for the great multitude who do not need an operation, but for the "six hundred" who do need surgical interference.

Dr. Kelly says that he counted fifty-four methods of operating for retro-deviations and then turned the counting over to an assistant. The very multiplicity of the operations shows that no one meets all the requirements of a perfect operation.

Dr. Kelly claims that the round ligaments do not hold the fundus forward. That is because Dr. Kelly has not given due consideration to the relations of the round ligaments especially as regards their relation to the hypogastric arteries. I have no doubt now since Dr. Kelly's attention has been called to the matter that he will have a picture in some of the numerous books he writes, illustrating the "hypogastric pulley." It may be noticed in passing that when Dr. Kelly wishes to hold the fundus forward he (latterly) shortens the round ligaments.

Dr. Kelly says he is now using the Gilliam operation or some of its modifications. Now the Gilliam operation simply loops the round ligaments to the anterior abdominal wall, thereby making three dangerous hernia loops where the Lord did not put any. I happen to know that Gilliam himself came very near abandoning his own operation. But faulty as the Gilliam operation is, it is infinitely better than the classical "suspensio uteri" operation, known as "hysterophorrhaphy" or the "Kelly operation," and Dr. Kelly is to be congratulated on giving up the operation, especially in child-bearing women. Dr. J. Whit-

bridge Williams, Dr. Kelly's own colleague, read a paper at the last meeting of the Southern Surgical and Gynecological Association on the subject of fastening the fundus to the anterior abdominal wall, and he condemned in unmeasured terms the Kelly operation.

Dr. Kelly speaks of my method of shortening the round ligaments as a "modification." He overlooks the fact that it is an entirely new operation, evolved along anatomico-physiological lines and based on sound surgical principles; and especially is it free from the objectionable feature of introducing a pathological lesion into the abdominal cavity as is done by the Kelly and Gilliam operations.

Arsenious Poison.

(By DR. J. W. RING, Elkin, N. C.)

Arsenic is a metallic element of very common occurrence, being found in combination with many of the metals in a variety of minerals. It forms alloys with most of the metals. Combined with sulphur it forms two compounds, orpiment and realgar, which are the yellow and red sulphides of arsenic. Orpiment is the true arsenicum of the ancients. With oxygen it forms two compounds, the most important of which is arsenious oxide or trioxide which is the white arsenic of commerce. It is used as a flux for glass and also for forming pigments. The arsenite of copper (Scheels green) and a double arsenite and acetate of copper (emerald green) are largely used by painters. They are also used to color paper hangings for rooms, a practice not unaccompanied with considerable danger, especially if flock papers are used or if the rooms are closed ones.

Arsenic has been too frequently used to give that bright green often seen in colored confectionery and to produce a green dye for articles of dress and artificial flowers. Also arsenic is found in large quantities in a great many mineral waters.

ARSENICAL POISONING A NOXIOUS CONSEQUENCE OF THE ABSORPTION BY THE HUMAN SYSTEM OF THE DRUG IN SOME FORM.

Although arsenic is classed as a metallic irritant poison, its action is by no means limited to that of an irritant. It acts specifically on the gastro intestinal mucous membranes whatever be the channel of entrance to the system. The most frequent source of acute arsenical poisoning is the administration of the white arsenic or arsenious acid, but the sulphides, various arsenites, and impure dyes, wall papers and pigments, paris green, rat and roach poisons may be sources of arsenical poisoning.

Acute arsenical poisoning is the usual form of poisoning resulting from the nefarious administration of any preparation of arsenic, but usually arsenious acid is employed. I do not know of any poison which is so universally employed by the criminal who has a true or imaginary grievance to settle.

I do not know what the statistics would show, but certainly a greater number of cases of poisoning from arsenic than all other poisons combined. In a very short time after the arsenic has been introduced the symptoms come on. The quantity and its state as regards to solubility also have an obvious relation to the appearance of the symptoms. Most commonly after a sense of faintness and depression intense burning

pain is felt in the epigastric region accompanied by tenderness on pressure; nausea and vomiting quickly supervene, increased by every act of swallowing, an alkaline mineral taste with a great deal of pyalism. The burning pain in the stomach is more like it was filled with coals of fire. The acute burning pain is so excruciating that the person feels that dissolution is near at hand. Unlike an ordinary bilious attack the pain and nausea are not relieved by vomiting and the burning only temporarily. The vomiting is ordinarily followed by violent purging, the excrement being often streaked with blood. The diarrheal discharges are preceded and accompanied with the most violent cramps of the whole abdominal walls, stomach and intestines with a great deal of tenesmus of lower bowel. Other prominent symptoms are great thirst, feeble, irregular pulse and cold clammy skin, and if the patient is not relieved usually dies within eighteen hours in a state of collapse, but tetanic convulsions are not uncommon and even chorea and paralysis may close the scene.

Chronic arsenical poisoning is generally accidental but may be caused by being administered with criminal intent. When there is a persistent determination to cause the death of some one and they fail in their first attempts but persist in their efforts, the symptoms of this form are a repetition of all the acute; and when a person has received several portions in poisonous doses, they suffer from a peculiar nervous condition, as extreme muscular weakness, hyperaesthesia of the whole cutaneous surface; and if there has been much arsenic absorbed, the increased sensitiveness of the skin is so

exaggerated that the least irritation causes intense suffering. Cold air coming in contact with the surface of the body causes a sensation of freezing. A fly crawling over the surface feels as though there were thousands of them. Scratching with the finger nails produces a sensation of thousands of knives cutting the skin. The hyperaesthesia precedes the muscular weakness and continues for two to three weeks when it begins to subside and the patient will observe a weakness coming on in the joints, first in the knees, which gradually increases from day to day until the patient will fall in walking, then he finds a cane useful, but in a few more days he is compelled to resort to crutches and very soon the patient will have to be assisted by his friends, after which he becomes helpless.

While the weakness gradually increases the patient suffers from the most intense burning sensation of the skin of hands and feet, also a sensation as though the skin of his hands and feet would burst open, which feeling may continue for weeks or even months. As the muscular weakness progresses the hyperaesthesia gradually decreases but paralysis of sensation gradually comes on, also of motion. The loss of motion and sensation is slow and progressive and sensation may be completely destroyed that so far as feet and hands there is no sensation left. This condition is accompanied with deep-seated pains as if located in the bones of the extremities, and a sensation as if electrical shocks were passing through the whole nervous system. It may be that nature is making an effort to transmit nerve force through the nerves. These shocks apparently pass even through the heart, and while

the paralysis is well nigh complete, there is a choreaic condition which is under the control of the mind, for if the eye is removed from the hand while grasping any substance, the hand will by a spasm of the muscles cast it away. A patient may eat with a fork if the eye and mind is kept on the hand, but as soon as diverted therefrom the for kis cast away by violent spasmodic contractions of the muscles of the fingers. The loss of motion is rarely ever complete unless death takes place. Also the patient suffers from the most violent cramps in the muscles of legs and sometimes in fingers especially if he occupies his back while recumbent, an dthey are so violent that his sleep is disturbed. Cramps may come on in the muscles of the thighs even while standing and are a source of a great deal of suffering. The loss of sensation gradually returns but may be delayed for months. When motion and sensation begin to be established hyperaesthesia gradually returns in those extreme cases of arsenical poisoning when the patient is so fortunate as to live. The anatomical lesions frequently are entirely absent, for instance when death takes place early. If patient lives a few days the appearance, however, i nthe generality of cases are the following: The mouth, stomach and intestines are inflamed, the stomach and duodenum exhibit spots resembling eschars, and perforations of all their coats and the villous coat of the former is i na manner destroyed and reduced to the consistence of a reddish brown pulp. It is a general character of this poison to induce inflammation of the stomach in almost all instances, provided death does not take place immediately, whatever be the part to which

it is applied. Thus the poison applied to a fresh wound may give rise to the same morbid appearance in the stomach and intestines as when it is swallowed. In some cases of arsenical poisoning the rectum is much inflamed while the colon and small intestines escape. The treatment of arsenical poisoning should be to empty the stomach as speedily as possible, using emetics of zinc sulphate, copper sulphate or the stomach pump. The chemical antidote is hydrated sesqui chloride of iron in large and often repeated doses, demulcent drinks, flour and water, eggs and water, eggs and milk, also ice and iced water, iced milk. Hot water bottles to the extremities are frequently necessary. For the nausea, vomiting, intense thirst and burning pain in epigastrium, let patient swallow lumps of ice as often as he desires. Ice gives more relief than all other remedies combined. Buttermilk is very refreshing and also does a great deal towards relieving the intense burning after receiving a poisonous dose of arsenic in the system. If the patient does not die from the violence of the shock, the bowels should be kept freely open, the kidneys encouraged to perform their functions freely by a fluid diet, and there is nothing so refreshing and acts so well as large draughts of iced buttermilk, milk and egg punch. Iodide of potassium may be administered to aid in the elimination of the arsenic which in the chronic form is deposited in all the tissues of the body. In chronic arsenical poisoning where paralysis and other chronic conditions exist, to palliate the excruciating pains and aid the skin to help eliminate the poison, the hot Turkish baths will be found serviceable, and to the mto add large quantities of chloride sodium will

increase their efficacy. For the relief of the intense burning of the skin and deep seated pains of the extremities, wrap them in heavy woollen cloths and pour hot water over them, as hot as can be tolerated, and you will be surprised how hot they can bear it and how much relief a patient will receive by hot water used by this method, the patient frequently falling into a refreshing sleep which may continue undisturbed for hours.

Galvanism as strong a current as he can bear, increasing strength of current from day to day, will be found serviceable. Faradisation with a metal brush every day will do a great deal towards restoring sensation to the extremities. Friction and massage should be used every day. Massage is the only thing you can do to relieve the terrible cramps. Forced exercise is the most important part of the treatment. Insist on your patient being in the open air. Force him to walk even if it is necessary for nurses to support him on both sides and if he can only walk a few yards. Insist on this several times daily. Have patient take drives several miles twice daily and keep him out of the house. It seems cruel to force a patient to walk when he has to be aided by nurse and crutches. His friends may criticise you but turn a deaf ear to all their appeals and whatever you do rigidly enforce exercise, for nothing will aid you so much in restoring motion and preventing a degeneration of the muscles as exercise rigidly and systematically carried out. Strychnine should be administered in as large doses as the system will tolerate and you will be surprised how much of the remedy a patient can take without producing any

physiological effect. One twentieth of a grain of the alkaloid or even the fifteenth or you may give thirty, forty or even sixty drops of Tr. Nux Vomica three times a day for weeks or even months without causing any ill effect and very little of the ordinary effect of the drug. But with any and all treatment the effects on the human system of arsenical poisoning may not be entirely eradicated, but leaves a lesion in the nervous system in the form of neuritis, the person going through life being continually reminded of his misfortune and causing a weakened constitution so the system has less resisting power, causing it to be more susceptible to the germs of other diseases which may attack the subject and cause premature death.

Cæsarean Section—Report of Case.

(By SEAVY HIGSHMITH, M.D., Fayetteville, N.C.)

It is the belief of the profession generally, that the operation for delivering a child by an incision through the abdominal wall and uterus of the mother, received its name from Julius Caesar, whom it is thought was brought into the world in this way, and who was born on July 12th, more than half a century before Christ. So far as I have been able to learn, however, we have no positive proof that Caesar was thus taken from his mother's womb, and the skillful operator who performed the operation has no place in history, where his name should stand as does Hippocrates, who lived more than three centuries before this time, or Galen, who was born nearly 200 years later, for this operation, if performed at all, must have been a successful one, not only to this great

statesman and warrior himself, but to his mother as well, since we are reminded in studying the life of Caesar of the boy's ardent love for Aurelia, his mother. Dorland says the operation was named, as stated above, from Julius Caesar. But, according to Hirst, the name was derived from the Latin description of the operation, "Caeso matris uteri" (I shall cut the mother's uterus). The origin of the name, however, is not of great importance to us, but the method, while it is an ancient one, is invaluable in that, in the great majority of cases in which it is indicated, it is the only method that insures life to the child and promotes recovery to the mother.

Where there is no other method by which delivery can be made, as in cases of extreme pelvic contraction, or in extreme cases of kyphosis, steomalacia, spondylolisthesis, etc., the indications for Caesarean Section should be considered absolute. In cases where delivery could be made by some other method, such as symphyseotomy, or craniotomy, the decision is sometimes difficult and the physician should choose the operation he thinks the least dangerous to his patient, and he may also consult her wishes in the matter, explaining to her, as best he can, the necessity and dangers of the operation.

The case that I have to report is that of Mrs. N. Race, white, aged 23, married to a deformed husband, occupation housewife. Family History: Father, mother, one brother and one sister living and well developed. Also one brother, aged 12, with marked Genu Verum.

Personal History: Normal at birth. As an infant she was bottle-fed on account of poor health of her mother. At

one month she was wasted to a frame with diarrhea which lasted until she was four months' old. Began to crawl at twelve months. At three years of age had whooping cough, checking her growth. Did not walk until she was five years of age. Began menstruating at the age of sixteen and was very irregular. Married at twenty-three years of age and was confined little less than a year later. She had a deformed and contracted pelvis with short undeveloped lower extremity. Above the pelvis, development was normal. Patient had been healthy since childhood. She was first seen in labor by Dr. E. P. Williams, of Steadman. He diagnosed her as pregnant at term and seeing that she was a rachitic dwarf and that to deliver by the usual methods could not be accomplished, he called Dr. J. F. Highsmith in consultation. Having decided upon Caesarean Section, the patient was sent to the Highsmith Hospital for operation. After being in labor for twenty-four hours and riding twelve miles across the country, she was admitted to the hospital late in the afternoon on August 8, 1906. Although she had considerable pains and her waters had ruptured soon after labor set in, the child's head had not engaged in the superior straight. So, as soon as the patient could be prepared, and on the same night that she was admitted the operation was performed by Dr. J. F. Highsmith and myself. Having her sufficiently under the anaesthetic to be insensible to pain, but not completely relaxed, holding the uterus firmly against the abdominal wall, a free incision was made from just above the symphysis pubis to the umbilicus; this rapidly done, the uterus was brought up into

the wound but not outside the abdominal cavity. This was also rapidly incised and the child was delivered and turned over to a nurse as soon as the cord had been tied. In this case, we were unfortunate in cutting down upon the placenta which was attached anteriorly. The hemorrhage was considerable and would have been profuse had I not constricted the blood vessels by grasping them firmly with my left hand around the lower uterine segment. Some authors advise the use of a tourniquet for this purpose, but I think the hand is much the better instrument, as you are not likely to do so much damage to the tissues. As soon as the placenta was delivered, the blood vessels immediately retracted along with the contraction of the uterus, and the hemorrhage practically ceased. The uterus was then brought together by a single layer of interrupted silk sutures, which were passed well down, but not through the uterine wall. The abdominal cavity was dried out and all blood clots removed, and the peritoneum was brought together with cat-gut. The abdominal wound was united by one layer of buried cat-gut, through and through silk worm-gut, and cutaneous sutures of silk. A firm dressing with gauze bandage was applied. The patient was put to bed and reacted well, as did also her 5 1-2 pound baby (girl). She suffered very little afterward, milk came on the third day. After this she ran slight fever for a few days and developed a small abscess at the lower end of the wound, which was opened on the 19th day after the operation. This rapidly healed by granulation and the woman and child were both able to leave the hospital at the end of the fourth week after the

operation. Dr. Williams, her physician, wrote me a few days ago, saying that about four months after she returned home, a lump appeared in her abdomen about the size of a walnut. This worked its way to the surface and ruptured, discharging a small amount of sanguinous fluid and four of the sutures that were used in closing the incision into the uterus. Shortly after this, two others were passed through the same opening; she was confined to her bed only a few days with this trouble and has had no further complication. She and the baby, now eleven months after the operation are in splendid health and the operation seems to have been successful. However, there is nothing new to be presented in this case, but as Caesarean Section is the rare exception and not the rule in disposing of obstetrical cases, and since, with the exception of two cases reported by Dr. W. H. Dixon at our last meeting, there has been very little said about an operation of this kind in this State Medical Society, for several years, I trust this brief report may be of interest to some members of the Society.

As to when to perform Caesarean Section in these cases where it is indicated, the authorities differ—some claim that better success can be obtained by preparing your patient and doing the operation about two weeks before her full term; others hold that it is better to wait 'til labor has set in and uterine contractions have become regular and the waters have formed and ruptured. The latter view seems to me to be the most practical one, since it is more in accord with nature, and we would not expect so much hemorrhage as when there had been

no uterine contractions. As to the best method and material for closing the incision made into the uterus, I am not prepared to say. I don't believe that silk is the proper suture as it caused us the only complication we had in the case just reported. Sterile cat-gut No. 3, used as interrupted sutures, passing them down to, but not through, the endometrium, and close enough to get good approximation of the wound, seems to me to be the proper method.

I hope to have these points discussed by the Society.

The Tonsils as Portals of Entry of Systematic Infections, Especially Tuberculosis, and Their Surgical Treatment.

(By DR. H. H. BRIGGS, Asheville, N. C.)

As long ago as 10 A. D., Celsus removed diseased tonsils by means of the bistoury and finger-nail.

In 499 A. D., Aetius removed that part of the gland protruding beyond the pillars.

In 750 A. D., Paulus Aegineta had progressed to the use of traction with a tenaculum to enable him to remove the gland "by the roots."

In the following centuries fear of haemorrhage seems to have deterred men from continuing this practice, and finally removal of tonsils was limited to those having pediculated bases.

From 1120 to 1509 A. D., the practice seems to have been obsolete, till Pare advised ligature of the base of hyperthrophied tonsils, and tracheotomy when the enlargement interfered with respiration; but evidently feared attempts at removal.

During an epidemic of tonsilitis at Naples in 1637 Serverius removed diseased portions of tonsils with caustic,

and occasionally used a semi-circular knife.

In 1672 operative procedures were again descried, Heister writing that operation was not only too cruel but also too difficult of performance to enter into the practice of moderns, because of the obscure situation of the tonsils."

The operation had its commendations and reverses till the great dread of haemorrhage gave way in 1777, and tonsillstome became a recognized surgical procedure.

These men, foremost in medicine in their time, recognized only the dangers of hypertrophies and acute inflammations, but regarded these as sufficient to justify attempts at removal.

Far more important than any local disease of the tonsils is the menace of systemic infection. Of late the probability of the tonsils playing a more formidable role than the one previously accorded them, began to be considered, and for some time past they have been pathologically and bacteriologically investigated by competent observers using all modern methods of investigation. Situated in both the respiratory tract and alimentary canal, the faucial tonsils occupy a most favorable situation for infection of any kind.

Long ago Huxley said that the faucial tonsil is a diverticulum of the pharynx around which the lymphatic glands are thrown, so we may consider the tonsil in its broad sense, comprising the faucial tonsils, the pharyngeal or Lushka's tonsil or adenoids, and the lingual tonsil. These structures are composed of lymphoid tissue, and are practically lymphatic glands.

All the lymph from the tonsillar ring makes its way more or less directly

through the submaxillary lymphatic glands to the internal jugular chains. These collecting trunks unite, right and left, with the efferent trunks from the subclavian glands to form the jugular trunks, which empty, on the right side into the internal jugular vein, and on the left side into the thoracic duct.

It is evident, then, that lymph from the tonsillar ring, with any accompanying infection, follows out the cervical system of lymphatics and enters the venous system which conveys the blood to and through the heart into the lungs. The lymph enters the venous circulation before it enters the system generally, and the lungs are its first recipient.

The tonsils are classed among the ductless glands. In addition to their aid in moistening and warming the inspired air, a great amount of phagocytosis is attributed to them, but in the pathologic condition of hypertrophy with dilated crypts filled with plugs of debris, or contracted through fibrous changes and submerged, and their normal drainage interfered with, they not only lose their normal function, but become disseminating centres of infection.

With any decrease of normal phagocytosis, the tonsils become excellent incubators for almost any germ life and development; furnishing warmth, moisture and all the advantages of a selected culture medium.

Frequently we encounter small abscesses in the depths of the tonsil, with no chance for drainage except through the lymphatics into the circulation.

Clinical experience shows conclusively that in cases of pulmonary phthisis, secondary tuberculous infection of tonsils is more frequent than

any other part of the upper respiratory tract.

The following shows summary of statistics of secondary involvement of the tonsils in cases of pulmonary tuberculosis. These, no doubt, were nearly all infected by the constant passage of infected sputum, and furnish good evidence of the absorbing power of the tonsil.

Schlenker found 15 tubercular tonsils in 22 cases. In 13 of these the lungs were extensively involved, and of these 12 times were the tonsils tubercular.

Washam, in 34 autopsies of tubercular patients found 20 cases of tuberculous tonsils, yet only two of these showed any tuberculous lesion of tonsils before death.

Schlesinger, in 13 cases of galloping consumption found tuberculous tonsils 12 times, but in 4 cases of chronic pulmonary tuberculosis he failed to find the tonsils diseased, and the same was true of 4 cases of arrested pulmonary lesions.

Dmochowsky, in 15 cases of phthisical patients found 15 cases with tubercular tonsils. In 5 of these the larynx was involved, and in none did the tonsils show disease to the naked eye.

Strossman found 13 cases of tubercular tonsils in 15 cases of tuberculosis in some part of the body.

These secondary cases are mentioned that attention may be called to the probability of patients becoming re-infected through their own diseased tonsils.

In most of the reports, the summary of which follows, the tonsils were examined microscopically. In many the inoculation test was used, which is now considered unreliable, however, since

an animal may resist a certain amount of tubercular infection.

Rugle found 6 cases of undoubted tuberculosis in the tonsils of otherwise healthy patients.

Thiesen, in the examination of 45 tonsils found 2 cases.

Friedman found in 91 autopsies on children 5 cases of primary tuberculosis of the tonsils with secondary involvement of the lymphatic glands, and intestines. In 3 cases tubercle bacilli were demonstrated in smear preparations, yet no histologic changes were seen in the tonsils.

Latham, using only the interior of tonsils for inoculation tests, found seven cases in 45 consecutive tonsillotomies.

Pilliett found histologic evidence of primary tuberculosis of the pharyngeal tonsil in three out of ten cases.

Dieulafoy found by inoculation tests 8 cases of primary tuberculosis out of 6 adenoids.

Pluder and Fischer found 2 cases of primary tuberculosis in 32 cases of adenoids.

McBride and Turner found three out of 100 cases of adenoids by histologic findings.

Demple found 4 out of 15 in adenoids removed from otherwise healthy people.

Lewin, in 200 cases of adenoids and tonsils found 10 cases of tubercular infection, and concluded that tuberculosis may and does exist in this situation as the only tuberculous lesion in the body.

Rethi found 6 out of 100 cases of adenoids tubercular.

Hynitsche examined 100 cases of post-nasal tonsils microscopically, 7 of these showed tubercular changes, and tubercle bacilli were found in 3.

The normal tonsil is in relation anteriorly with the anterior pillar above, and a fold of mucous membrane passing from the anterior pillar downward to the tongue below. The anterior pillar is the palato-glossus muscle with its mucous membrane covering. Behind lies the posterior pillar, or palato-pharyngeal muscle. Externally lies connective tissue between the tonsil and the superior constrictor muscle. Above the tonsil is the supra-tonsillar space, and internally the oro-pharynx and the plica-tonsillaris.

External to and behind the tonsil is the pharyngo-maxillary space which contains the internal and external carotid arteries, and the vagus and hypoglossal nerves. The internal carotid is about 1 1-2 c. m., and the external 2 c. m. from the normal tonsil. The tonsil above is usually partially covered by the plica-tonsillaris.

It is stated by good authority that any tonsil presenting a diseased part necessitating removal should be entirely removed. The old plan of removing only the supposed diseased part has proved futile and dangerous. How many cases of tonsillitis and quinsy can we recall recurring time and again in cases where the common method of cutting off the projecting part of the tonsil had been practiced. The size of a tonsil is no criterion to its pathological condition except that it determines whether or not it is obstructive to breathing. It is the condition of the crypts and their contents and the presence of adhesions to the pillars, especially the anterior, and to the plica-tonsillaris, which determine its pathology, whether the tonsil be small and submerged, or large and obstructive.

As a rule, it is the submerged tonsil whose crypts are mostly covered by the pillar and plica, and whose main portion lies high up in the triangular space which is associated with systemic infections. This class of tonsils in patients in whom a tubercular diathesis is certain or suspected should be thoroughly enucleated. Such tonsils can not be removed with the old tonsillotome, but must be dissected away. The association of enlarged cervical lymph-nodes should be an invariable indication for the removal of tonsils showing the slightest evidence of departure from the normal condition.

In children under 7 or 10 a general anaesthetic should be given, unless they are unusually tractable. The head of the patient should lie on the side corresponding to the tonsil to be removed, and the right tonsil removed first, as it is the more difficult for a right-handed operator. The table is then turned end for end, the patient turned to the opposite side and the left tonsil removed. Turning the head to the side causes the tonsil to protrude which assists materially in its removal. Immediately after removal of one tonsil the head should be turned farther to the same side and lowered so that the blood may escape from the mouth rather than run into the larynx. Bleeding from the first side should be practically stopped before the second tonsil is attached. After the haemorrhage is controlled the naso-pharynx should be examined thoroughly and any adenoid tissue removed with the appropriate curette. I prefer direct sunlight into the mouth, but if this is not possible, the light should come from a single window, and all other windows in the room be darkened.

I know of no operation where greater attention to the anaesthetic is necessary. The pharynx is very sensitive, and its reflexes are active long after that of the cornea is abolished. We desire a sufficiently profound anaesthesia to nearly quiet these reflexes, yet not so profound as to allow the larynx to fill with blood without exciting an expulsive cough. In older children, especially those whose confidence can be gained, local anaesthesia is preferable. The tonsils, soft palate and uvula should be sprayed or swabbed with 5 per cent. cocaine, care being taken to prevent any of it dropping down into the larynx. A mixture of 2 1-2 per cent. cocaine and 1 to 10,000 adrenaline chloride or supra-renal extract is then injected into the tonsils and especially between the tonsil and the pillars, and if very adherent, into the pillars and supra-tonsillar space. A long hypodermic needle is used for this purpose. It is difficult to obtain complete anaesthesia when the tonsils are badly diseased, as the enlarged crypts allow the injected fluid to escape but persistence, however, will insure almost absolute anaesthesia in all cases.

The technique of the operation is practically the same with local and general anaesthesia. The first step is to free the tonsil from its attachment to the pillars, to which all diseased tonsils are more or less adherent. This can be done with curved scissors or one of the many instruments manufactured for this purpose. The thoroughness of this procedure can not be too strongly advised. With local anaesthesia the patient may hold the tongue-depressor and be shown how to manage the tongue; with a general anaesthetic the tongue is depressed by an assistant.

The tonsil is caught with a fine tooth tenaculum and traction made downward and inward until the tonsil is brought well into view, it is then removed with two or three snips of the curved scissors. The last snip should be made with great care to avoid injuring the epiglottis or tongue. It is very important that the extreme tip of the tonsil be removed, and after the operation is completed a thorough inspection of the parts should be made, any remaining tags of tonsillar tissue cut away, and the bleeding controlled before the patient is released. A gauze sponge held firmly on the wound with a tenaculum will usually stop an excessive haemorrhage, however, the operation should never be undertaken without a tonsil haemostat convenient. I have never had occasion to use one, but its presence gives a pleasing sense of security. Iodoform powder, orthoform, or better, bismuth subnitrate are insufflated into the wound. Ice, held far back in the mouth aids in relieving the pain for the first few hours, and later a hot gargle is very comforting.

The time is soon coming when the tonsils and tonsillar ring of lymphoid tissue, which, when normal, stand as sentinels against the invasion of germs, yet when diseased are portals of entry of systemic infections, will be given their quota of attention by the general practitioner to whom as guardians against the great white plague the laity must and should look for advice.

THE PRESIDENT'S ANNUAL ADDRESS.

Tuberculosis and the Law.

(By SAM'L D. BOOTH, M. D., Oxford, N. C.)

Gentlemen of the Medical Society of North Carolina:

It is needless for me to tell you that I count it a great honor to be chosen to preside over this body of men. It is needless for me to tell you that I count it an honor to have my name added to that list of names which stands for all that is best in modern civilization. The activity and progressiveness of the younger men in the medical profession in North Carolina have caused many of them to be called to this, the highest office within your gift. Right worthily has that honor been bestowed. And while my shoulder has ever been to the wheel; and while I have entered into the spirit of modern scientific medicine, yet I cannot forget the grand old men whose forms and figures and dignified counsel have made such an impression upon me in the days of my youth. These men, armed with a knowledge of classical literature and the philosophy of the eighteenth century, fought disease, not as we of to-day from breastworks and artillery, but standing in the open, and in hand-to-hand conflict.

In my student days, Brown-Sequard was blazing the way for modern pathology, and Marion Sims who gave us the science of gynecology was laying its foundation.

Anaesthesia, recently discovered, was enabling the elder Gross to do what we then thought marvels in surgery; and George B. Wood's work on the Practice of Medicine showed pow-

ers of observation and description which have never been surpassed.

In my early days the clinical thermometer, the hypodermic syringe and the stethoscope were unknown. Our microscopes were so crude that they were of little practical value, and the science of antiseptic surgery was unborn.

For forty years I have watched the progress of medicine step by step. My youthful faith in the curative powers of drugs has been largely shattered. I have seen the practice of bleeding pass almost entirely out of vogue. The blister, emetic and heroic dosage are less frequently used, and the crudely compounded mixtures of the older school have given way for the elegant preparations of the modern pharmacist. The science of Bacteriology has given us an insight into the causes of diseases undreamed of in my youth, and the microscope has caused the pathological changes of the remotest organs of the body to give up their secrets.

Hand in hand with our knowledge of their prevention. The value of Sanitary Law and of Preventive Medicine are no longer questioned. They are now recognized as the most important branches taught in our colleges. And with this knowledge we must frankly admit that the function of the physician is largely changed. He no longer confines himself to the combat of a single case of sickness at the bedside; it is his duty to study its cause, trace it to its source and stamp it out of existence. To do this it is often necessary to call upon State and municipal authorities for aid. Those in power are, as a rule, either ignorant or indifferent. But the duty of a physician as a citizen is no less than his duty in the

sickroom. He must be an educator, and through education so influence public opinion that wise and beneficial health laws shall be enacted.

It is not sufficient that we draw up resolutions and, as a body, recommend specific legislation. Statutory laws when not backed by public opinion are worse than useless. But it is of the highest importance that we, as individuals, should resolve here and now to begin a house-to-house canvass of the entire State, and thereby so arouse public opinion that when the legislature of North Carolina again convenes members will find it to their political as well as their physical advantage to enact the laws which are here recommended.

It is not claiming too much to say that had no attention been paid to the advice of medical men civilization under modern conditions could not exist. Formerly an epidemic traveled no faster than moving bodies of men. An outbreak of smallpox, plague or cholera could spread no more rapidly than those fleeing from it could travel. At most this was only about forty miles a day; and as very few people travelled at all, epidemics were confined to a small area. The worst epidemics known to history were those which spread over Europe with the return of the armies of the crusaders. Were smallpox, cholera, plague or yellow fever unbridled to-day who could measure their ravages? A patient with one of these diseases would infect hotels, sleeping cars, and a thousand individuals from New York to San Francisco in three days' time. In a week the disease would become pandemic, and its ravages would not cease until modern methods of prevention were called into use. And yet in the face of

the conditions which favor their spread the very diseases to which I have referred have become practically unknown in civilized countries.

It is with pardonable pride that we refer to the work of our profession in discovering the cause of yellow fever, and point the way to its extinction; to the cause of malaria and in lessening its frequency and virulence; to the cause of typhoid fever, diphtheria and other infectious diseases dependent upon unsanitary conditions, and in having them so circumscribed that they are no longer a menace to mankind.

But while much has been accomplished in this direction — so much in fact that within my memory six years have been added to the average of human life—let no man think that our work is done. It is only just begun, and all that I have said is only a prelude to the call to arms which I now make!

The specific fight for which I now ask you to enlist is *State and Municipal Legislation Against Tuberculosis*. It is a titanic combat! It will require the expenditure of millions of dollars and years of unremitting toil. But when I remind you that over two hundred thousand people in the United States fall victims to this disease every year, and that North Carolina contributes her proportion to the list of fatalities; and when I tell you that those who have given this subject the closest study have agreed among themselves that tuberculosis is a preventable disease—under such conditions as these surely no man will turn a deaf ear to this appeal.

Let us note briefly what has already been done: There are about fifty societies for the prevention of tuberculosis

in the United States. Last year, at the meeting of this Society in Charlotte, "An Association for the Prevention of Tuberculosis" was organized in North Carolina with 18 names enrolled.

Later, a circular letter setting forth the object of this association and soliciting members was sent out to about five hundred doctors in the State. To this were 14 who responded. Through the munificence of a North Carolina doctor (whose name I am not at liberty to make known) every member of this association received during the past year "The Journal of Outdoor Life," a valuable publication devoted entirely to the prevention and cure of consumption.

It is gratifying to note that the last General Assembly of North Carolina made an appropriation of \$20,000 for the erection of a sanitarium for the cure of consumptives. While this sum can be made to care for but a few of the large number of sufferers, still it is a step in the right direction.

There was a law also enacted to isolate tubercular prisoners, and this will remove a most frequent source of infection.

There is a "National Association for the Study and Prevention of Tuberculosis," with headquarters in New York City; and the New York City Charity Organization Society has a "Committee on the Prevention of Tuberculosis." Both of these Societies are very active, and have accomplished an immense amount of good.

While the medical profession of North Carolina has, as a whole, been backward in taking up this work, yet there are a few individuals who have given much time and labor to this cause. The work of these men is bet-

ter known outside of the State than at home.

Last year at a meeting of "The Conference of the State and Provincial Boards of Health of North America," which was held in Washington City, Dr. Richard H. Lewis, of our State, was the President. In the masterly address which Dr. Lewis delivered on that occasion (which I earnestly recommend to your careful perusal) he said: "The most stupendous problem which confronts the sanitarian is, admittedly, the prevention of tuberculosis." This problem, he thought, could best be met by "the education of the people through competent teachers, regularly employed for that business alone, working on a well-considered, thoroughly organized plan." He advised the employment of men to travel the State, giving lectures scattering literature, and organizing local societies.

There are certain parts of North Carolina which have national reputation as health resorts. In these sections there have arisen men who are well known for their work in the cure and prevention of tuberculosis. Their writings are regarded as authoritative on this subject. From these, and from writers outside of the State on both sides of the Atlantic, we learn the same story, namely: that the most stupendous problem which our generation is called upon to face is how to prevent consumption. And from every quarter the answer is the same—*we must have:*

1. The hearty co-operation of the entire medical profession;
2. The laity educated and enlightened upon this subject;
3. Suitable legislation.

EXTEMPORANEOUS REMARKS.

These things can come only in the order mentioned. First the *doctor* must become interested in the subject; through him preachers, teachers, and leaders of thought generally must be reached; and through these collectively, public opinion aroused, and legislation therefrom enacted.

It is of vital importance that every consumptive should be subject to certain restrictions which will prevent his giving the disease to others; and it is equally important that houses known to be the seat of infection should be subject to sanitary regulations.

To accomplish this the laws of North Carolina should require:

I. Every case of consumption should be registered.

II. Every consumptive should be required to conform to certain directions placed in his hands on printed cards by city or county health officials.

III. Every house in which a death from consumption has occurred should be disinfected.

IV. Houses in which consumptives reside, should be subject to monthly inspection.

V. All public buildings, such as schools, churches, court houses, theaters, etc., should be properly ventilated.

Gentlemen of the medical profession, I have done. As your president it is my duty to point the way of progress. The most of you have been born since I began the practice of medicine. To you I may seem an old man. Your technical training has been superior to mine. Whether bending your heads over a microscope, or exploring the recesses of the abdominal cavity, you are my superiors. But, if forty years' of

experience, thought and observation count for anything; if the opinion of a man who for years has given this subject the most careful consideration, and who in the natural course of events must soon lay down his arms, can influence you to bring your minds to bear upon this great and all-important subject, I implore you, hear this, my last appeal: *Tuberculosis is not only a curse—it is a disgrace!*

Public opinion must be aroused! Legislation must be enacted! Sanitary laws must and shall prevail! And this work, done in the name of suffering humanity, can be accomplished in but one way, viz: By the individual efforts of the members of the Medical profession of North Carolina.

Oxford, N. C., May, 1907.

Control of Nasal Haemorrhage.

Henry Jones Mulford, New York, describes a simple method for controlling nasal hæmorrhage, citing cases and outlining the blood-supply of the nose and pharynx. His method consists of the subcutaneous injection of suprarenal extract into the arterial supply at the nearest accessible point to the bleeding area. The injection may be made directly into the artery supplying the part, or it may be thrown into the tissue closely adjacent to the artery. This certainly is simple, but the result is marvelous. The ingoing arterial current sweeps the solution directly into the leaking area, all the vessels of the part are constricted, and almost at once the hæmorrhage ceases.—*American Medicine*.

Scopolamine Not Hyoscine. A Caution.

In the *Archiv Juer Gynackologie* Steffen gives some interesting details as to the use of scopolamine morphine by Leobold. The latter has employed this method in three hundred labor cases. His verdict is that the method does not accomplish the desired results, it cannot be regarded as harmless for mother and child, and in private practice the by-effects liable to develop may render medical aid requisite at any moment. When men come to conclusions so opposite as those of Leopold and those reported by Gauss, we, to whom each observer is equally trustworthy and free from bias, can only attribute the diversity to a difference in technic. That this is so may be seen by Gauss' examination of Horcheisen's method. Gauss secured a specimen of the solutions employed by Hocheisen and tried them in ten cases, the results being far worse than those reported by Hocheisen. Every objection raised by Leopold has been examined and disproved by Gauss in his much larger experience. Weakness of the labor pains did not occur to any material extent, more frequently or more markedly than in cases where this anesthetic was not used, nor were version and forceps required with greater frequency. The vomiting could only have been accidental, since it did not occur in Gauss' cases, excepting when it had commenced before the anesthetic was given. So also as to the perils to the child; Gauss showed that the mortalities of both mother and child were much less than they had been before this anesthetic was employed.

The extract, as presented in *The Journal of the American Medical As-*

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sociation, gives palpable evidence of anxiety to make out a case against this anesthetic method. Even Gauss is made to rank as an objector to the method, by quoting eight troublesome cases which occurred, out of his one thousand; just as if such things never happened unless scopolamine was employed. To any one who wants the whole truth, and not a garbled *ex parte* statement, we refer to Gauss' statistics as given by Holt, in the May number of *The American Journal of Clinical Medicine*. But even were the account given a fair one, the reader will note that it nevertheless relates to the use of scopolamine, which, as commercially presented, is not the same thing as the hyoscine used in America. It is much as if men should insist that, because

Germans injure themselves drinking too much beer, we in America should abstain from coffee.

The above being the gist of our knowledge of this subject to date, and the therapeutic difference between hyoscine, a true alkaloid, and scopolamine (or so-called hyoscine from scopola—a serious error of nomenclature) a mixed, uncertain product, being well established in favor of hyoscine, we caution our readers who are interested (and all should be) to use only H-M-C Abbott (hyoscine, morphine and cactin comp.) the original American product and one which, like all the Abbott line, may be depended upon.—*The American Journal of Clinical Medicine*.

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EDITORIAL.

Dangers of Tuberculosis in the Negro.

The negro-susceptibility to tuberculosis, its rapid fatality to him, the sources of infection in his manner of living, the poor natural resistance he offers to its ravages and many other features in connection with the question have been written of by several authors in recent years. One of these papers was commented on in the *Journal* (June, 1906), and there is still a feature that ought to be accentuated in our discussions of the subject because of its being a menace to the health of our homes.

That tuberculosis is on the increase in the negro race is pretty generally conceded by those of the profession doing much practice among them. Inquiry among acquaintances and friends as to the prevalence of the disease in the race develops the fact that a very large per cent. of the adult population has tuberculosis in some forms. This

per cent is given as high as one-third, most of them estimating it at twenty-five per cent. My personal observations lead me to accept this last estimate as very nearly correct.

In the Southern States the servant class — office boys, butlers, cooks, chambermaids, nurses, etc., is almost exclusively drawn from the negro race. The close relations existing in the association and contact between master and servant in these positions renders a tuberculosis servant something of a menace to others of the household. This danger is increased to some extent from the fact that the disease runs a very rapid course in the negro, and is often in an advanced stage before it is recognized. As a rule they do not call a physician until forced to give up work, so these troubles are liable to be overlooked.

Outside of their relations as servants the great prevalence of the disease among them is source of danger to the

public. With the race at large, it is almost impossible to quarantine or separate the infected ones from others of the family. The want of personal cleanliness and anything like care in the disposition of the sputum, but adds to the gravity of the situation.

The awakening of the general public on the subject of tuberculosis and a consideration of its prevention has not reached the masses of the negro race, nor is it likely to soon, under present conditions. Their indifference, ignorance and poverty make it an herculean task to correct the existing conditions, and give them even a fair degree of the information on the subject possessed by their white neighbors.

It is evident that some effort ought to be made and that at once, too, to give the race additional instruction. How this can best be accomplished is not so easily determined. The profession's duty of course is to instruct the family in the care of a patient and in prophylactic measures whenever called to see a case. This, though, does not determine the most important indication, viz., the early recognition of the disease, and its treatment at a time when treatment offers more hope of success. The physicians of the race are in positions to accomplish much, but these are located only in the larger towns.

Tuberculosis is an infectious disease, and ought to be reported as such for the benefit of the public. As it is not the tuberculous patient ought at any rate be prohibited taking employment as house servant or laundress, and, in the absence of such legal prohibition the physician must instruct his clientele of the dangers arising from the employment of such.

Prevention of Typhoid Fever.

Vaugh, I think it was, has said that "when any one had typhoid fever, some one ought to be hung." This is an extreme way of expressing the opinion, almost universally believed by the profession that typhoid fever is a preventable disease. It goes further than this in claiming that someone is negligent in a duty to a degree of extreme culpability.

If this was all a truth it would be a fearful indictment, and one reflecting more on the medical profession than anyone else, as the attending physician, if not wholly responsible, is the most accountable for the conduct of any given case. But it is not all truth. The first proposition, *i.e.*, typhoid fever is preventable, is accepted as a fact within limitations. To what extent the limitations should be qualified might be considered a debateable question. From the patient in an ignorant family, with no facilities for nursing and without means to incur the necessary expense of prophylactic measures to the hospital patient with all attending adjuncts is long way. In one the problem is easy; in the other, failure is the more probable outcome.

The second proposition, *i.e.*, the culpability of the physician as most accountable for an infection may or may not be true. Negligence in the necessary instructions for prophylactic measures, renders the physician culpable. Not only should the physician give the instructions, but he should enforce them to the best of his ability. If this is done the physician can not be held accountable.

But is this done? For the past decade, at least, the etiology of typhoid fever and the measures to be instituted

to prevent its spread have been known to the profession. If these questions are not understood it is from ignorance and inattention that are inexcusable. Yet typhoid fever is rife, and claims annually its thousands in mortality lists. The suspicion is so strong that it amounts almost to a certainty that there is woeful lack of due care on the part of the profession in enforcing prophylactic measures.

The difficulties in the prevention of additional infection in typhoid fever are many and are hard to overcome—in many cases almost insurmountable. The ignorance of attendants, who cannot appreciate the sources of danger, and, consequently, will not see the importance of the efforts of the attending physician in directions given, is probably the most formidable element to overcome. The various ways by which the infection may be conveyed, the untagilbleness of the virus in the form of a microscopic germ, the extra work essential to proper care, are a few of the items to be reckoned with in the task set before the doctor. With the cultured, intelligent and well-to-do class, this can be accomplished. The effort must be made with the ignorant and poorer class.

There is, with the laity generally, a very wholesome respect for the virtues of carbolic acid as a disinfectant, and its powers to ward off disease. Much can be done by pandering to this opinion, and enlarging upon its uses. Let them sprinkle the floors and walls with a solution, if they wish to, and even burn tar in the yard, but insist, too, upon its use in the dejections of the fever patient and thorough boiling the personal clothing and bedding in carbolized water. I have accomplished

much by this course, but have not always been successful in my efforts to prevent additional infections. I have experienced great difficulty in securing proper washing of the hands after the handling of the patient, even after giving the necessary attention following a defecation.

With the best efforts we may put forth, and even though our instructions may be carried out fully, while the patient is under observation, there still remains a source of danger, for which the profession cannot be held accountable. That is in the patient himself as a carrier of infection, both before and after the fever.

Barringer, in 1904, brought out very forcibly the dangers of infection on railroads by the typhoid patient traveling during the earlier stages of the disease, before its recognition as such. How long the bacillus remains in the urine and feces of a typhoid fever patient after convalescence is established, or even after apparent full health is regained, we cannot tell. For recent bacteriological examinations of discharges in a small section of Bavaria (*Jour. A. M. A.*, May 11, '07), showed fifty individuals in apparent health to be infected. These carriers are dangerous sources of infection and the more so because they are not, and in the very nature of the circumstances can not be, known as such. It is a danger that cannot be guarded against, because it is hidden.

To meet this condition an editorial in *Jour. A. M. A.*, offers this suggestion, certainly not feasible under present conditions, but certainly possible under others—for instance, under army discipline as first instituted:

"What other means of stamping out

the disease do we possess? At present it would seem as though our greatest hope lay in preventive inoculation. Originated by the English army surgeons, its use has recently been extended to the German army, and the statistics of Eichholtz seems to confirm the view that it is a valuable procedure. This author's figures are small, but, like the recent English figures, they show that inoculated soldiers are less liable to the disease, and when attacked show a much small mortality, much fewer severe complications, a shorter course and a milder run of fever. The method is still in its childhood, and may be improved. Millions submit to vaccination; typhoid fever is to the layman less terrible than smallpox, and it is not so indiscriminate in its attentions, but it is within the bounds of possibility that in time we shall be inoculating against typhoid fever just as we now vaccinate against smallpox."

The Past, the Present and the Future.

With "Evolution in Medicine" as his subject, Dr. Howard Bailey presented a paper before an Iowa County Medical Society (*Iowa Med. Jour.*, May, '07), in which he deals with the doctrine of evolution and its influence on the practice of medicine. The vein of factiousness running through the address, approaching a burlesque at times, may not increase to its scientific value though it does add piquancy to its reading. Evolution, in bringing man to an erect position, has given the official surgeons comfortable livings in the treatment of hemorrhoids. The civilization that accompanies evolution has its influence upon the practice of medicine as witness the increasing myopia

and muscular insufficiencies in the art of reading and writing.

The study of disease demonstrates that the Creator did not intend to establish longevity, for he might have perfected man to withstand all the agencies destructive to life and health. Yet people once lived longer than do our patients. "Mow Metuuselah would have dodged the tubercle bacillus, the pneumococcus, streptococcus, staphylococcus and their numerous relations for nine hundred and sixty-nine years is a great mystery to those of us who are wont to bury so many of our mistakes at the age of sixty years and under."

A few extracts from the article are here appended, that may prove interesting, if not wholly instructive:

"To-day when a patient gets an abscess in his side he is placed in an ambulance and taken to the hospital, there to be surrounded by an able corps of white-liveried doctors and nurses, and after being scrubbed and shaved and washed and scoured inside and out, the abscess is opened and rubber tubes and cheesecloth substituted for the pus. His death is the result of acute suppurative appendicitis. If he had liver seventy-five years ago a piece of caustic would have been rubbed over the part for from eight to ten minutes, forming a slough and giving vent to the pus. A linseed poultice laid on the outside would have completed the ceremony, and his recovery would have been uneventful and rapid. People lived to a ripe old age in those days. Good health was the rule and free to all; while to-day this will'o the wisp of good health is such a rare article that a body of seven men who have reached the highest state of mental, moral, physical, intellectual and political development are

appointed by the state to co-operate for the purpose of capturing and preserving this rare phantom of good health so long as it is possible to keep it in captivity. And we have actually classified this normal condition of our ancestors along with our forest preserves, our buffaloes, and poor Indians."

* * * *

"And I suppose that it is equally true that we should not now be doping our patients with potassium iodide and mercury if Job had not sprained himself planting fig trees on the hills of Palestine. What a great pity that some of our bacteriologists have not as yet been able to demonstrate the spontaneous generation of this spirichaeta. Could we but for a moment have the etiology of each disease spread before our eyes—but no; we are compelled to grope blindly in the darkness of empiricism, and I suppose the day is not far distant when some twentieth century graduate will be feeding potassium iodide to Vesuvius for the purpose of stopping his eruptions."

The author evidently is of the opinion that man or perhaps his physician has "evolved" in the wrong direction as per these two extracts:

"It is not a source of any great satisfaction to me to read of the limited armamentarium of the physician of even seventy-five years ago and still realize that his patients lived longer than mine do and paid their physician less. A little humiliating to read of the successes achieved in the use of the crude methods of bleeding, cold applications, blisters, calomel and opium, while at the present time our shelves contain so great multitude of drugs that it is only with difficulty that we are able to remember their names, to

say nothing of their physiological action. All this is but the result of evolution in the practice of medicine."

* * * *

"And do you recollect reading anything about Adam having to go down to the doctor's office every morning at nine o'clock to have his pleural cavity irrigated until such time as his empyema was healed? No, indeed; and this was before the days of Lister and his carbolic acid spray."

Perhaps there is some slight consolation in comparing the present with the past in one little quotation the author makes from ancient history:

"The good book tells us that "Nathan being sick, trusted not in the Lord, but sent for a physician. And Nathan was gathered unto his fathers."

We do not know how many years or cycles of time intervened between the periods of our ancestors walking on all fours and living in the trees, and his standing erect with his hair parted in the middle, his head adorned with a plug hat, and fighting germs to preserve an existence, but we believe it will be longer than the author prognosticates, before his prophesies given in the following extracts will materialize:

"There is some ground for suspicion that the surgery of to-day may affect in time the anatomy of the future. Permit me to picture for your imagination the image of a perfect man one thousand years hence. His external ears are gone. No hair adorns his head. His nose is small and narrow and contains no turbinals. His mouth is somewhat small and no teeth find lodging there within. His throat is one smooth, clean passageway; no uvula to give his palate symmetry; no tonsils to waylay the passing cocci and bacilli and con-

duct them through dark and narrow corridors to the lymphatic glands beyond. Adenoids are to him unknown. His gall bladder, when not entirely absent, lies as a soft, small tumor immediately beneath the skin below the right costal arch. The appendix, now inverted, projects within the lumen of the cecum, out of harm and free from danger. The prostate, now divorced from the urinary bladder, no longer twines its lobes about its neck in fond embrace, and has ceased to exist as a part of the economy. The Jewish custom of circumcision has long since become superfluous, and those few physicians still in existence are practicing obstetrics and Christian Science."

FIFTY-FOURTH MEETING OF MEDICAL SOCIETY OF NORTH CAROLINA.

*The State Society Met in Morehead
City at Atlantic Hotel on June*

11-13.

The number in attendance was small owing to two causes, at least: the location of the place of meeting being so far from the centre of the State, and the time of meeting coming as it did, in the midst of a busy season.

The meeting on June 11th was opened by prayer by Rev. R. D. Cross, of Morehead City. The address of welcome was made by Mr. W. L. Arendell, of Morehead City, responded to by Dr. James M. Parrott, of Kinston, which was followed by the president's annual address on "Tuberculosis in the State."

The untiring Secretary, Dr. D. A. Stanton, had a good program prepared and many papers of interest were read.

but there was not the usual amount of discussion. The members were delighted to welcome Dr. Howard Kelly, of Baltimore, who gave an interesting demonstration of his method of making "Gauze Records" of abdominal tumors.

One of North Carolina's sons, who graces the profession and has made his mark elsewhere, was also present—Dr. J. Allsion Hodges, of Richmond, Va.

A kindly and graceful action on the part of the society was done when resolutions of sympathy were wired to Dr. Pat. L. Murphy, who is ill at his post of duty in Morganton.

The house of delegates, after a "red-hot" seige of "wire-pulling," that was plainly visible to the naked eye, made the following nominations:

President, J. Howell Way, Waynesville; first vice president, J. E. Stokes, Salisbury; second vice president, J. A. Turner, High Point; third vice president, W. H. Dixon, Beaufort; orator, Charles Mangum, Chapel Hill; essayist, T. R. Little, Greensboro; leader of debate, S. E. Koonce, Wilmington; delegates to Mississippi Valley Association, W. H. Cobb, Chas. Robinson, Geo. W. Long, Wm. McKenzie, Dr. Moore and G. T. Sikes; to Virginia Medical Association, W. H. Ward, David Taylor, W. A. Graham, R. S. Primrose, J. M. Blair; to South Carolina Medical Association, T. E. Anderson, Albert Anderson, P. A. Nicholson, Julian Baker, W. Burriss; North Carolina Board of Health, Taylor and Burroughs. The place of the next meeting is Winston-Salem.

Councilmen: First district, Oscar McMullen, Eliabeth City; second, Dr. Whitaker, Kinston; third, Dr. Russell, Wilmington; fourth, Dr. Albert High-

son, Wilson; fifth, Dr. William Highsmith, Fayetteville; sixth, Dr. Hubert Royster, Raleigh; seventh, Dr. C. M. Strong, Charlotte; eighth, Dr. J. B. Smith, Pilot Mountain; ninth, Dr. J. M. Taylor, Morganton; tenth, Dr. J. A.

Burroughs, Asheville. Delegates to American Medical Association, Drs. Highsmith, Thomas, Crowell; alternates, Drs. Rose, J. Asherman, E. R. Russell. Thursday will be the last day.

NOTES AND COMMENTS.

The Business Side of General Medicine.

From the department of Medical Economics of the Journal of the America Medical Association we clip the following abstract as being profitable reading for doctors everywhere:

In a recent number of the *Texas State Journal of Medicine* Dr. J. E. Dildy of Lampasas makes some pertinent and practical suggestions on the above topic. Lack of space forbids production of the paper as a whole, but many of Dr. Dildy's observations are so forceful as to be worthy of reproduction.

Speaking of the position of the medical profession, he says: "We are professional men in every sense of the word; we have the mental labor of lawyers, the moral standing of ministers, the technical knowledge of organized artisans and the business qualifications of school children. The average man will give a lawyer \$300 to \$500, together with a lifetime's praise, to keep him out of the penitentiary for from two to ten years, and at the same time he will raise a phosphorescent glow and a kick that can be heard around the world if a doctor charges him \$50 to \$100 to keep him out of hell for a lifetime."

Commenting on the amount of work done by members of the profession, Dr. Dildy says: "We are the only people

under God's ethereal tent to-day who keep open shop 24 hours each day and 365 days in each year. We are also the only laborers to keep on working for people who do not pay."

The attitude of a thinking member of the profession toward charity work is very well summarized in Dr. Dildy's discussion of the amount of unremunerative work done by physicians. "I can carry my part of charity with as good a grace as most men. I can go through rain, snow or mud and do my best, provided the case is one of worthy need, but to reward continually downright rascality, wilful drunkenness and wanton laziness is getting out of my line." The logic of his statements no one will deny, although very few of us have the moral courage to do what we know is our duty to ourselves, our patients, and our families along these lines.

The following should be pondered on by every practicing physician: "The average doctor tries to do too much work. Every doctor wants everybody to patronize him. He likes to be going night and day, rain or shine, Sunday or week-day, hot or cold. This is a business mistake. It wears a doctor to a frazzle. It gives him no time for bill collecting and business matters; no time for patients who naturally feel neglected and are slow pay as a conse-

quence. A doctor can do better work, more good, and build up a more enviable reputation if he coolly takes his time and is careful and painstaking in his examinations and if he takes into consideration the pathologic conditions he meets."

Dr. Dildy is entitled to special praise for his honesty and clear-sightedness regarding the value of professional service. He says: "The prices of our office work and consultations are usually disgracefully small. This 'let me see your tongue' off-hand, hurry-scurry kind of professional laziness is not worth the price we get for it. I have lost home, friends and fortune by not examining my patients carefully." Every physician who is honest with himself will admit the truth of the above statement. Every man knows that when he attempts to diminish the amount of care and attention to details which he gives each one of his patients, he thereby diminishes the value of his services. He also knows that, in the long run, the man who takes pains is the man who receives large fees.

Regarding the sins of omission and commission of which we are all of us guilty, Dr. Dildy does not hesitate to express himself freely and frankly. He says: "We fail to be professional. We talk shop too much. Silence is golden in medicine. My mouth gives me most of my trouble. What I say is what keeps me awake nights. We are too prone to give free advice. We sit and smile while some disgruntled chronic peels our competitor. If, instead, we should shut him up we would grow in our own estimation and make a more favorable impression on the public."

As to his suggestions for remedies for existing evils he is equally empha-

tic. The following advice is worth considering: "We could be as ethical as the law fraternity, who by their union of action have stamped on our statute books nearly every law by which we are governed. When doctors cast aside all petty jealousies and join and attend medical associations, money comes their way. The best trade I ever made in a business sense was when I paid \$2.50 to join my county society."

His closing words of advice are: "Let us do less work and better work. Let us not raise prices until we have raised our standard of service on a par with our ability. Let us work honestly and not get lazy; keep enthusiastic and join our county societies: take postgraduate work and familiarize ourselves with modern medicine. Let us not dicker in futures nor drink booze, but buy books and drink freely of the fountain of knowledge. Let us work some, and play some, read some and collect some, and make money whenever we can."

It is a most gratifying indication of the increased interest in the practical side of the medicine that papers like the above are becoming more and more common in our county societies. Every medical organization ought to have, at least once a year, a plain, practical paper on these matters from some clear-headed, progressive member, followed by a general discussion from the members of the society. It will be found in many instances that such a program will help to clear away old animosities and misunderstandings by bringing about a free discussion and consideration as well as stimulating many physicians to a consideration of various phases of these questions, the importance of which has not heretofore been properly estimated.

Educate the Public.

An editorial on this subject in the *California State Journal* deals so pertinently with several points that have, from time to time, been advocated in the editorial columns of this *Journal* that we give it entire in substantiation of the positions we hold:

"The example set by two or three of our county societies should not be ignored by the others; all should make an effort to arrange meetings between the medical societies and the bar associations, ministerial associations and prominent citizens of all classes generally. Nor should such meetings ignore the commercial side of our profession. If the laity once comes to realize that to be an up-to-date physician, nowadays, is not an inexpensive matter, there will be a better appreciation of decent fees. A poorly paid doctor is generally not a good doctor, for he can not keep himself supplied with current literature nor provide the required armamentarium; and every patient is entitled to, and should receive, the services of a good average up-to-date physician. Lodge and similar contract practice business really is an injury to the subscriber thereto, for bargain-counter methods in professional work always, eventually, harm the subscriber more than any one else; he gets the services of a cheap man—exactly what he pays for! Furthermore, the very members of the lodge not infrequently look down upon the lodge physician as a "cheap" man, and when anything more than a very trivial ailment is the matter with them they call in their own physician. If the physicians in a community agitate protection against a possible typhoid fever epidemic, or thorough investigation of

school children to eradicate a remnant of a diphtheretic infection, the people become indignant and regard with suspicion the efforts of our profession. Why? Simply because they are ignorant of the truth; we have kept them in ignorance for so many years that they do not know how to look upon the public health work of physicians. If an oculist desires to examine the eyes of school children, or if an intelligent school board requires that this shall be done and appoints some one to do it, immediately a goodly number of parents will indignantly protest that the doctor in question is merely trying to drum up business. They have no realization of the fact that their own children may be commencing life with an ocular handicap that will hold them to or below mediocrity throughout life. Our state is famous for the high grade of its schools. Yet in the planning of them, how many times has the advice of a competent physician been secured to call attention to the proper distribution of lighting, ventilation, etc.? And this simply because we have not done our duty in educating the public."

To Abort a Fellow.

A commencing felon will always be aborted by the local application of alcohol under perfect air-exclusion. Cotton is saturated with alcohol and placed about the affected part, and a thin rubber finger-stall applied over all. Seventy-two hours usually suffices to give relief or even effect a cure. Dr. Eastman, of Indianapolis, learned this in von Bergmann's polyclinic in 1897, since which time he has not had occasion to lance a single felon, the treatment of which was begun in time by this method. (Medical Council.)

Physiology of Suggestion.

Dr. J. Madison Tayler in an editorial article (*Moth Clycop. Med.*, April, '07), puts forward an inquiry in regard to the Physiology of Suggestions. We recognize the influence of suggestion on purely psychic manifestation, and its amelioration of functional disturbances; also on mixed conditions of both psychic and organic derangements. The question as to its influence on structural lesions is not determined. Tayler believes that it can to a certain degree repair structural changes but no more. Profound shocks under certain conditions can exert harmful and also reparative effects. The proof of the physio-pathogeny is not readily adducible but it is not impossible.

His purpose is to present the possibilities of this agent, and suggestion is thus explained:

"By 'suggestion' we understand the process of eliciting the normal action of those potentialities which reside in the human mind, viz.: the capabilities of the spirit, of that moiety of the 'divine fire' which is the essential factor in our being. Since the body may be described as essentially a manifestation of the spirit, it is obviously wholly dependent for maintenance of its action upon this governing force. Suggestion, or the moulding of the body by impulses generated by the spirit, the volitional forces, may be exerted by stimuli from without or from within. The exciting force may be the dominant volition exercised by another, or emanating from our own inherent, instinctive impulses. Stimulation may be exerted, too, by various agencies foreign to the organism, and they must be reckoned with as modifying or complicating."

The controlling influence of the vaso-motor mechanism over nerves, blood supply and metabolism in sustaining local and general health is brought out. The base lonus is graphically displayed by such phenomena as paling, flushing, etc., in response to psychic stimuli, and it is reasonable to assume that powerful stimuli are capable of influencing metabolism. Further reasearch on the question is promised.

Co-operation Among Country Physicians.

Tayler (C. T.), the editor of the *Medical World*, in the June issue of his journal, urges upon practitioners in country districts to form co-operative associations. These are for mutual aid, comfort, and protection. Some of the advantages of such co-operation are thus given: The group will get more work collectively and individually; better fees and better collections. Three or four is enough for a group. Each must forget past differences and animosities; consultations and the fees therefrom can be kept at home; surgical operations can be performed within and by the group without calling in outside help. In consultations and surgical work, let each work in the department in which he is best qualified. "Hard feelings" will be abolished. "Dead beat" statistics can be privately exchanged. Laity will have more respect for the "group" and each individual member.

The author insists that such groups can be formed under most unfavorable circumstances and are needed where there is any dissensions among the physicians of a locality.

Sending Consumptives from Home.

Warbasse in an editorial (*N. Y. State Jour. Med.*) writes of the dangers in sending consumptives to the country. The layman believes that the air or climate in certain localities is beneficial and the consumptive must have country air. This belief should be corrected or modified. The average consumptive needs supervision and can get it better at home than abroad. He damages himself by hovering over the country-store stove, and the people of the village by spreading the infection.

The report of a Baltimore tuberculous nurse is quoted—fifty-five patients were sent to the country, only two were benefitted. These were probably fifty-five centers of infection created.

Consumptive patients should be kept at home or sent to a well-regulated sanitarium.

The American Medical Directory.

(A Joke on the Journal.)

We like to be consistent when we can, so we have no review for this work as we intended. We wrote one, criticizing it some, among other things, mildly intimating our belief that a publication of 1907 had no right to the claim of being up-to-date, while publishing the officers of the various county societies for 1905 as being correct. For some reason we picked up the last issue of the *Journal* and turned to the list of county officers, as given therein, and found many, perhaps all, were for the year 1904! We destroyed the review of the American Medical Directory.

N. B.—We have asked the manager to remove or correct the list in the *Journal*.

NORTH CAROLINA MEDICAL EXAMINING BOARD.

This body met in Morehead City and propounded the following questions to 132 applicants for license. Of this number 112 passed and became full-fledged practitioners of medicine and surgery in North Carolina.

Physiology and Hygiene.

(By J. T. J. BATTLE, M. D., Greensboro, N. C.)

1. Describe a complete physiological revolution of the heart; foetal and adult.
2. Give origin of salivary and gastric secretions and functions of each.
3. Give function of pancreatic and intestinal secretions.
4. Through what media is the blood relieved of effete material and provided with new?
5. How is the blood current maintained and what arteries carry venous blood?
6. What is the function of the cerebellum?
7. If 7-inch cranial nerve were incised at its exit from stylo-mastoid foramen state briefly the result?
8. Give function of Pneumogastric nerve as related to respiration.
9. Detail uses of the largest gland in the body.
10. What occupations cause a predisposition to pulmonary diseases?

Anatomy.

(By JAMES M. PARROTT, M. D., Kinston, N. C.)

1. Describe the pubic or pectineal bone.
2. Name the ligaments of the elbow joint (humerus with ulna and radius).

3. Give the relations of the deep palmar arch.

4. Name the divisions of 5th (Trigeminal) pair of cranial nerves and mention in a general way the parts supplied by each (motor, sensory, etc.)

5. Give the boundaries of the inguinal canal.

6. Describe the caccum.

7. Name the contents of the sub-maxillary triangle and give its boundaries.

8. Mention the hepatic fissures, name the structures found in each and the lobes separated by each.

9. Describe the prostate gland (do not give its relations or its histology.)

10. Name the structures cut in performing a tracheotomy above the isthmus of the thyroid.

N. B.—Answer only 8 questions.

Pledge.

Examination on Practice of Medicine.

(By M. H. FLETCHER, Asheville, N. C.)

1. Give symptoms of diagnostic value in the first and second week of Typhoid Fever.

2. Give differential diagnosis between Primary Lobar Pneumonia and Acute Pneumonic Phthisis.

3. Give causes and treatment of Chronic Dysentery.

4. Define Leukemia, Addison's Disease, Myxedema, Brachycardia.

5. Give symptoms and signs Aneurysm of the Abdominal Aorta.

6. Give symptoms of Acute Intestinal Obstruction.

7. Give differential diagnosis between Uraemia, Alcoholic Coma, and Cerebral Hemorrhage.

8. Give definition and etiology of Thrombosis in the Brain.

9. Write one, and only one Rx. for Chronic Constipation.

10. Describe the most important symptoms of Cerebro Spinal Meningitis.

Sign pledge.

Obstetrics and Gynecology.

(By A. A. KENT, M. D., Lenoir, N. C.)

1. Given: Primipara at end of 8th month of pregnancy, considerable oedema of the face, feet and legs, urine scant in quantity, slight cephalalgia, dimness of vision, anaemic, weak, short of breath upon slight exertion, pulse fast and weak; (a) give diagnosis; (b) what grave symptom might be expected to follow if patient is not properly treated; (c) briefly outline treatment.

2. During normal labor (a) how and by means of what action is the dilatation of the cervix brought about? (b) what forces are employed in the stage of expulsion?

3. Give diagnostic symptoms of Placenta Previa.

4. How would you treat a case of Adherent Placenta?

5. Prescribe for a case of Pruritus Vulva.

6. Name three causes for which you would curette the uterus, and state in which you would use the dull and in which the sharp curette.

7. In Ventral Fixation, (a) what organ is fixed, (b) for what purpose is it fixed, (c) to what (anatomically) is it fixed, (d) what kind of sutures should be used?

8. How would you treat a case of Congenital Atresia of the Cervix?

Sign pledge.

Chemistry and Diseases of Children.

(By G. T. SIKES, M. D., Grissom, N. C.)

1. Define an Atom
 - a How always found
 - b What is taken as the standard
2. Define a Symbol
 - a Also a coefficient
 - b What does each represent
3. Define a Metal
 - a How many are known
 - b Name the noted exception
4. What is a Thermometer
 - a How is it made
 - b Name the standard brands
5. What is a Blood Corpuscle
 - a How many kinds
 - b What is the color due
6. Define Dentition
 - a At what age does it appear
 - b Name some of its disturbances
7. What is Ophthalmia Neonatorum
 - a Whence derived
 - b Give treatment
8. Define Evanthesmatous Fever
 - a Name three.
 - b What ages are exempt
9. What is Diarrhea
 - a Acute inflammatory,
 - b Treatment
10. Define Rachitis
 - a Who most subject to it
 - b How long does the effects last.

Surgery.

(By CHAS. O'H. LAUGHINGHOUSE, Greenville, N. C.)

1. Give symptoms and treatment of Anal Fissure.
2. Give diagnosis of Strangulated Hernia.
3. Give differential diagnosis between Hydrocele and Inguinal Hernia.
4. Give diagnostic characteristics of Syphilitic Skin-Eruptions.
5. In Hemorrhage of Superficial Pal-

mar Arch. which end of the bleeding vessel would you tie?

6. Give aetiology of Hydro-Nephrosis.

7. Give diagnosis of Mastoid Disease.

8. Give indications for Intubation of Larynx.

9. In an injured elbow, what signs would verify fracture of Internal Condyle?

10. What conditions associated with loss of consciousness must be differentiated from traumatic Intro-Cranial lesions.

Sign pledge.

Materia Medica.

(By FRANK B. RUSSELL, M. D., Wilmington, N. C.)

1. Name and describe the methods of introducing medicine into circulation.

2. Name an example of (a) an alterative, (b) anti-periodic, (c) anti spasmodic, (d) diaphoretic, (e) diuretic.

3. Name the alkaloids of hyoscyamus—doses.

4. What are the uses of the bromides?

5. Name the preparations and doses of arsenic.

6. What is the dose of (a) ol. terebinthinae, (b) tinct. veratrum viride, (c) Bashams mixture, (d) tincture of aconiti, (e) caffein citrate (f) spar-teine sulphate.

7. Why is atropine often combined with morphine when the latter is used?

8. Name three drugs most useful in the treatment of intermittent fever.

9. Write a prescription for an adult with bronchitis, containing three ingredients.

10. Criticise the following prescription.

Px Argenti Nitratis gr.s. xx.

Sodi Chloridi 5i.

Aqua ʒ2

Sig. ʒi every 4 hours.

Names of Successful Applicants for License to Practice:

Wm. H. Smith, Goldsboro; Emory G. Alexander, Charlotte; Robt. F. Lineback, Winston-Salem; G. W. May-
erburg, Goldsboro; C. E. Moore, Moore's Springs; F. D. Austin, Charlotte; Henry Norris, Rutherfordton; M. H. Biggs, Rutherfordton; R. E. Rhyne, Gastonia; S. A. Smith, Elkton; H. B. Hiatt, Clinton; J. E. Hood, Charlotte; J. E. Hobgood, Oxford; A. J. Toulon, Whittier; N. W. Olvie, Apex; J. K. Ross, Charlotte; J. B. Powers, Wake Forest; John Knox, Jr., Lumberton; J. J. Barefoot, Wilson; Wm. McDowell, Roper; J. V. Dick, Whittsell; S. P. Bass, Tarboro; J. A. Ferrell, Clinton; H. B. Best, Wilson, T. B. Cox, Hertford; F. B. Watkins, Rutherfordton; G. B. Justier, Marion; H. Jeasley, Boardman; F. H. Woolsey, Granville, Tenn., R. F. D. 15; I. A. Wood, Ryland; W. B. W. Howe, Jr., Spartanburg, S. C.; P. S. Easley, Black Walnut, Va.; K. A. Price, Gilbert, S. C.; L. Baggett, Dunn, N. C., R. F. D. No. 6; J. B. Smarth, Ellenboro, N. C.; A. S. Nichols, Sylva, N. C.; L. B. Ohlinger, Balsam; A. Stovall, Madison, Ga.; N. D. Biting, Rural Hill; F. C. Hyatt, Waynesville; H. W. Fisher, Beaufort; M. H. Hennell, Coshacton; A. H. Thurber, New Hanover; W. F. Beber, Washington; J. N. Mills, Le-
noir; N. E. Jackson, Carthage; A. A.

York, Linwood; L. B. Capehart, Raleigh; W. H. Bruce, Henderson; Wm. Mann, Hertford; J. H. Matthews, Mt. Pleasant; R. S. Holliday, Fayetteville; R. D. Dees, Grantsboro; C. J. H. Gaylord, Roper; E. M. Perry, Louisburg; J. H. Wilson, Florence, S. C.; C. G. Grayson, High Point; P. W. Olive, Apex; C. A. Peterson, Relief; J. H. Hudson, Winterville; E. W. Gibbs, Ivey; J. A. Dowd, Eagle Springs; F. M. Parker, West Durham; J. G. Anderson, Asheville; S. T. Crowson, Statesville; A. A. McDonald, Pinehurst; O. P. Noble, Selma; E. A. Adkins, Southport; A. S. Woodward, Princeton; Miss Lois Boyd, Barunn Springs; J. M. Lynch, Nat. Soldiers' Home, Va.; H. G. Turner, Raleigh; E. H. Hand, Lowell; O. F. Eckel, Edenburg, Ill.; R. G. Buckner, Asheville; J. W. Wallace, Huntersville; E. A. Drunn, Richmond, Va.; J. E. Duncan, Moravian Falls; E. C. Powell, Auburn; L. E. Guin, Unionville; M. T. Frizzell, Snow Hill; J. W. Warren, Edenton; R. Z. Queary, Huntersville; C. S. Parker, Manola; P. D. Brittle, Woodland; J. R. Taylor, Kinston; Paul Crumpler, Clinton; G. L. Coleman, Elizabeth City; G. N. Harrell, Poticose; W. A. Hoggard, Windsor; J. C. Moore, Globe; J. H. Mitchell, Ahoskie; Peter McLean, Laurinburg; C. J. Upchurch, Apex; J. H. Merritt, Roxboro; C. A. Flowers, Cashomer; D. C. McIntosh, Old Fort; F. S. Packard, Warrenton; A. G. Harris, Fairfield; J. S. Clifford, Charlotte; R. W. Duffy, Newbern; E. P. Gray, Winston-Salem; C. L. Nesbit, Wilmington; J. W. Floyd, Greensia, S. C.; R. B. Slocumb, Wilmington; J. F. Reid, Concord.

112 Passed.

20 Failed.

SURGICAL HINTS.

In the absence of an x-ray apparatus severe sprains near joints are best treated as fractures.

The use of cathartics is always dangerous in intestinal obstruction, as the increased peristalsis following their administration may be responsible for perforation of the bowel.

As a routine application in the treatment of middle ear disease the insufflation of boric acid must be used cautiously if at all, since it is liable to clog the discharges, and thus may favor the development of mastoid suppuration.

The combination of equal parts of cocain, menthol, and carbolic acid is an excellent anesthetic application where profound anesthesias is not necessary, as in cases in which a chancroid is to be cauterized or a drum membrane incised.

Before operating for enlarged tonsils or adenoids it is advisable to thoroughly cleanse the nose and cavity of the mouth. Such care is particularly necessary if the patient has carious teeth or stomatitis.

In the treatment of gonorrheal rheumatism blistering of the joint sometimes effects a marvellous change for the better when internal remedies fail. The joint may be encircled with narrow strips of fly blister, avoiding bony prominences, or cantharidal collodion may be painted on. The pain is speedily relieved by this measure.

In spite of the shortness of the urethral canal in women gonorrheal cystitis is seldom observed. The condition

known under this name is really urethritis of the deeper portion of the canal. For the same reason pyelitis due to gonorrheal infection is of extremely rare occurrence in women.

In case of fractured ribs after the application of the dressing the patient will often be made more comfortable by allowing him to assume an upright position in bed, well supported by pillows.

In every case of chronic disease of the uterus of gonorrheal origin it is important to carefully examine the external genitals. Gonorrheal infection often lingers in the ducts of Bartholini, thus giving rise to recurrent infection and nullifying the success of the uterine treatment.

A Test Tube Holder.

In boiling urine over the alcohol lamp many physicians use for a holder a scrap of paper folded and placed around the tube. This generally proves unsatisfactory, since when the urine boils over the paper gets soaked, the fingers get scalded, and sometimes the test tube is dropped before the test is completed. The average tube holders on the market get out of order easily. The best tube holder is a piece of harness leather about one-half or three-quarter inch wide. Bend this around the test tube and grasp the two ends between the finger and thumb. After being used a few times on the hot test tubes, it retains its shape and can be left on one or another of them when not in use. It is simple, durable, efficient and cheap.

ABSTRACTS.

Water Supply for Public Health.

In this installment of the special article on Water Supply and Public Health, E. O. Jordan, in the *Journal A. M. A.*, June 1, takes up the bacterial examination of water. The earlier expectations as to the sufficiency of this method have not been fully realized, and it is now manifest that the bacteriologist, like the chemist, must form his judgment as to the sanitary character of the water from indirect evidence and by inference, rather than from the positive demonstration of the presence of pathogenic microbes. The first developed method of bacterial examination was the quantitative one. In its simplest form it consisted in the enumeration of colonies of bacteria developing on plates of nutrient gelatin to which measured quantities of the water were added. It was found, however, that the changes taking place during the transportation of a sample of water from the place of collection to the laboratory were often sufficient to vitiate the results of the colony count, and that having recourse to freezing the samples to meet this objection had a bad effect on the accuracy of the test. The best modern practice, therefore, requires the quantitative count to be made within an hour or less after taking the sample from its source, and, if transportation to a distance is unavoidable, the making of control platings at the point of collection as frequently as possible. Other modifications have also been introduced, but the quantitative test, while at times it has considerable sanitary significance, has, like the chemical test, only an em-

pirical value. More success has attended the attempt to connect the presence of abundance of certain species of bacteria with the quality of the water, and the one most significant, according to the general consensus of opinion, is the colon bacillus. Its close biologic resemblance to the typhoid germ and the fact that, like it, it finds its way into sewage from excreta, render its presence particularly significant. Theobald Smith's method of testing for this organism is described as the one usually employed. Other germs, such as the streptococcus, have been suggested as tests, but it is thought hardly probable that they will supplant the colon test. The natural purification of polluted waters forms the subject of Chapter VI. That some purification must take place is evident, otherwise matters would be much worse than they are in thickly populated communities. The extent and rapidity of this process have been, however, the subject of much dispute, and the data are insufficient and in some respects conflicting. The sanitary problem is, how far below a source of sewage pollution is it safe to use the water of a stream, and it is complicated by the fact that it is rarely possible to exclude intermediate sources of contamination. Epidemiologic data are rare, it is in only a few cases that river-borne typhoid can be traced directly to urban pollution, and it is generally to fall back on chemical and bacterial data. The chemical changes that take place in sewage polluted water are of considerable interest and importance. After a certain time the unstable organic nitrogen of a polluted river be-

comes oxidized into stable nitrate, and, unless fresh organic matter is introduced or formed by algal growth, it is chemically purified and the chances of its containing living sewage bacteria are correspondingly lessened. The bacterial evidence is similar and possibly more direct. In the Illinois river the colon bacilli disappear almost completely in a flow of 150 miles. One established instance of the self purification of a stream, however, is cited. The Mississippi, with all the tremendous pollution it must receive from the many cities on its banks, is unusually pure and wholesome at New Orleans. During the lower course above the city it receives but little contamination, and there are probably few cases where the occurrence of natural purification is so clearly demonstrated.

End Results in Benign Lesions of the Stomach Surgically Treated.

(Annals of Surgery.)

Munro makes an analysis of 150 benign stomach lesions operated upon at the Carnez Hospital with an end result limited to a space covering four years. The best results were obtained in the cases with the most marked gross lesion and the poorest results were obtained on 15 cases of so-called neurosis upon whom they operated during their earlier experiences and before they learned to leave this class of patients entirely alone. Of their 87 cases of gross ulcers of the stomach or duodenum, they had 3 distinct failures, 3 cases of hemorrhage one year after operation, and 4 deaths, due directly to technical failures. They have had poor results also in their 16 cases of medical ulcers.

Radical Cure of Umbilical Hernia.

W. J. Mayo, Rochester, Minn. (*Journal A. M. A.*, June 1), describes his overlapping from above down method of operation for the relief of umbilical hernia, by which he finds the largest protrusions can be satisfactorily reduced and the hernial opening closed without tension. The tendinous aponeurotic structures involved are among the strongest in the body, and when overlapping is accomplished the resistance is nearly perfect. The sutures merely maintain the structures in apposition, while the intra-abdominal tension itself prevents displacements. The operation is simple. Two transverse elliptical incisions are made, cleanly exposing the neck of the sac and the aponeurotic structures for several inches above and below it. The neck of the hernial protrusion is cleared as high as the aponeurotic structures extend, the sac is then opened and any contained intestine returned into the abdomen. The contained omentum, if any, is ligated in sections on a level with the abdominal orifice and the slumps returned into the abdomen. The sac, with all adherent omentum, including the skin, is cut away without further manipulation. A stout curved needle threaded with strong celluloid linen is passed from without in through the aponeurotic structures and peritoneum from two to three inches above the margin of the opening. A large tablespoon to guard the needle as it enters the peritoneal cavity is a valuable aid. The needle and thread are drawn down and out of the hernial opening. A firm mattress stitch is then caught in the upper edge of the lower flap about one-fourth of an inch from the margin, the needle is then carried back through the

hernial opening into the peritoneal cavity and made to emerge one-third of an inch lateral to the point of original entrance. On each side of this is introduced a similar mattress suture of strong chromicised catgut. These three sutures are drawn tight, pulling the entire thickness of the aponeurotic and peritoneal structures behind the upper flap. The margin of the upper flap is now retracted to expose the suture line, and what gaps exist are closed with catgut sutures. The upper flap is now sutured to the surface of the aponeurosis below by continuous chromicised catgut suture and the skin and superficial fat closed. The patients are kept in bed for from twelve to twenty days. It is thirteen years since this operation was first performed, and of the 88 patients operated on between 1894 and 1895, 75 were traced. One had a partial relapse described by her physician as a boat-shaped stretching at the site of the former operation, but giving no inconvenience. Another patient supposed to have suffered a relapse was operated on and a second opening found to exist above and lateral to the umbilical opening which was found closed. The operation is illustrated.

Cardiac Dilatation.

Sowder summarizes the treatment of Cardiac Dilatation thus (*Central States Medical Monitor*, May, 1907):

"First, absolute physical rest in bed for a time followed by a life free from worry or excitement, moderate exercise, good, easily digested and nourishing food. Strict attention to the eliminative organs. Second, digitalis and strychnine with iron for anemia. The relief if possible of the cause."

The Dietetic Treatment of Enterocolitis.

The *British Medical Journal* contains an article by Morse, of Boston, upon this topic, in the course of which he asserts that in beginning the treatment of these cases the food should always be stopped entirely for a longer or shorter time. The duration of the abstinence from food must vary in individual cases, according to the severity of the illness and the ability of the given infant to bear starvation. All babies stand starvation well for twenty-four hours, most of them for forty-eight or seventy-two hours, and some of them even longer, providing they are given a sufficient amount of water. They can bear the prolonged withdrawal of food, but they cannot bear the prolonged withdrawal of water. They must be given at least as much water in the twenty-four hours as they normally get in their food. It is not enough to direct that plenty of water be given; the amount of water to be given must be specified in the same way as are the doses of medicine. If the baby will not take it willingly by the mouth it must be given with a tube. If it is vomited it must be given by the intestine. If it is not retained by either the stomach or intestine it must be given subcutaneously in the form of physiological salt solution; 2 to 6 ounces may be given at a time, according to the age and size of the infant. It is useless to repeat the injection before the preceding one has been absorbed. The water takes the place of the liquid normally ingested with the food, replaces that lost in the vomitus and dejections, aids the heart by keeping the amount of circulating fluid at the proper level, favors the elimination of toxic substances through

th kidneys, and diminishes the irritant action of these substances on the kidneys.

While every one now believes in the necessity of an initial period of starvation and water diet in these cases, there is much difference of opinion as to whether milk in some form, or some substitute for milk, should be given when feeding is begun. Those who believe in milk do so on the ground that the pathogenic micro-organisms are usually originally in the milk, and would therefore be expected to thrive better in it than in any other medium. This argument hardly seems sound, however. The bacteria enter in the milk simply because milk is the baby's food, not because it is the best culture medium. No one thinks of choosing milk as the medium on which to grow these same organisms in the laboratory; he chooses, rather, preparations of meat or carbohydrates, the very materials from which the usual substitutes for milk in these diseases are made. Clinically, nevertheless, these patients certainly do better when they are fed for a time on some substitute for milk. It is the opinion of the author that the more favorable results obtained from these substitutes for milk are, to a certain extent, to be attributed to the weakness of the food, which in many cases amounts to little more than water. Few realize how little nutritive value these various substitutes for milk have. Barley water, as usually prepared, contains only about 0.05 per cent. of fat, 0.25 per cent. of proteid, and 1.50 per cent. of starch, thus containing only one-tenth as much nourishment as milk. The white of one egg is equal in nutritive value to only three-fifths of an ounce of milk. Beef juice contains 0.6 per

cent. of fat and 2.9 per cent. of proteid, giving a nutritive value, bulk for bulk, only one-quarter as great as milk. Broths contain only about 1 per cent. of proteid, and hence have very little nutritive value. In many cases milk preparations in a similarly dilute form will yield essentially the same results as these substitutes. Personally, however, the author almost invariably begins to feed these cases on some substitute for milk. There is another objection to milk foods to which these substitutes are not open, and that is the comparatively large residue from milk, which tends to keep up the intestinal irritation, especially if there are ulcerative lesions. This point must also be borne in mind when beginning to feed with milk.

In choosing the substitute for milk the attempt should be made to select, if possible, a food on which the bacteria which cause the disease grow with difficulty. That is, if the bacteria in question are those which thrive best on starches and sugars, the food should be largely proteid in character, while if the bacteria are those which thrive on proteids the food should be composed of starches or sugars. While this is true theoretically, it is of comparatively little practical utility, because many bacteria thrive well on both sorts of culture media, and because the determination of the pathological bacteria is usually difficult and always requires considerable time. A clinical rule of some value is that sour stools mean bacteria which thrives on sugars and starches, and foul stools those which thrive on proteids. It is the belief of the author that in these conditions babies do better, as a rule, on starches and sugars than on proteid foods. Per-

sonally he uses barley water and milk-sugar in preference to other preparations of starch or other forms of sugar. In this connection it must be remembered that the power of utilizing sugars may be much diminished in enterocolitis as the result of degenerative changes in the liver, and that an excess may easily be given. White of egg in the form of albumen-water, beef juice, and broth may be used when proteids seem to be indicated. White of egg, however, is very likely to produce an angioneurotic edema, while beef juice and broth not infrequently cause very foul, watery stools. The extractives which they contain are also liable to increase peristalsis and to irritate the kidneys. Whatever substitute for milk is used, the amount of liquid must be kept up to the required limit, just as in the starvation period.

The most difficult point to decide in the dietetic treatment of enterocolitis is when to resume milk feeding. The temperature, the condition of the nutrition, and the character of the movements are the best guides. It is seldom wise to give milk when the temperature is much above normal. Many authorities do not begin with milk foods until the movements have become normal in character. Unless this happens within a few days or a week, however, there is great danger of losing more in nutrition and strength on account of the weakness of the substitute food than is gained by the use of the theoretically less suitable culture medium milk. If the temperature is not much above normal it is wiser on the whole, it seems, to resume milk feeding after not longer than a week, even if the character of the movements has not reached to normal.

When beginning to feed with milk it is often difficult to decide in what form to give it. In those cases in which the character and odor of the movements give fairly definite indications as to the use of carbohydrates and proteids in relation to the intestinal flora, as already referred to, these indications should be followed in regulating the percentages of sugar and proteids in the mixture. On general principles, however, a modified milk prepared from fresh milk, low in all its percentages, feebly alkaline and pasteurized, should be given. It is better to give small amounts frequently than large at long intervals. In general, the percentage of sugar may be comparatively high while that of the proteids must be comparatively low. The fundamental principle, however, is to give a dilute food. It is also of advantage in certain cases to use any or all of the methods of modifying milk which render the proteids easier of digestion and absorption. It is often better, therefore, to begin with whey mixtures, peptonized mixtures, or barley mixtures than with straight modifications. The mixtures must never be highly alkaline, as a high alkalinity tends to throw the work of digestion off of the stomach on to the intestine.—*The Therapeutic Progress.*

Diet in Habitual Constipation.

Allen writes of Chronic Constipation (*St. Paul Med. Jour.*) a lengthy abstract of which is given in the *Therapeutic Gazette* from which we make the following clipping:

"A patient with habitual constipation can as a rule eat any kind of food, but those things should be selected that will leave the largest residue.

"1. Vegetables, such as potatoes, especially sweet potatoes, cabbage, lettuce, onions cooked or raw, celery, beans, corn in any form, popcorn between meals, carrots, turnips, peas, radishes, beets, spinach, salads, and melons.

I hope to have these points discussed

"2. Fruits of all kinds: Berries, such as strawberries, raspberries, gooseberries, blackberries; currants, peaches, apricots, plums; apples in any form, cooked or raw, oranges, bananas, if well borne; pears, grapes, cherries, pawpaws, and persimmons. Most of these fruits may be taken between meals, and especially before going to bed.

"3. Meats: Chicken heads the list, fish, roast beef, etc. Nothing is to be taken fried. Honey, syrups, plenty of good fresh butter, eggs, milk, sugar, Graham bread and corn bread. Nuts of all kinds, if well borne by the stomach, along with plenty of highly seasoned foods.

"All the breakfast foods are to be used, except oatmeal. It is very constipating.

"For drinks: Coffee, not too strong, with cream and sugar; white wines, champagne, ciders, beer, lemonade, sweet milk, buttermilk, especially for babies, and cold water. Avoid tea in any form.

"To be avoided are spices, peppers, condiments, olives, pickles, cheese and lobsters.

"Penzoldt's diet list is generally used because it is practical:

"7 a. m. A glass of cold water.

8 a. m. A liberal breakfast, with sweetened coffee, a good deal of butter, honey and Graham bread, after which the patient should go to stool.

"1 p. m. Midday meal of meat, a

good deal of vegetables, salads, stewed fruits, half a bottle of light wine or cider if desired."

"7 p. m. Meat, with a good deal of butter, Graham bread, stewed fruit, and beer.

"10 p. m. Before retiring, fresh or stewed fruits."

A Review of the Recent Literature on the Relation of Human and Bovine Tuberculosis.

(*Med. Record.*)

Bovaird states that while differences had been observed between human and bovine tuberculosis, and the possibility of their independence had been considered, practically all authorities until Koch made his address were agreed in considering them as due to one and the same cause and as mutually interchangeable. Koch stated that human and bovine tuberculosis are different diseases, and that human tuberculosis is not transmissible to cattle; secondly, that bovine tuberculosis is not transmissible to man. In consequence of this address a vast amount of work has been done on this subject, and while no positive settlement of the question can be made, the following conclusions may be drawn from the work already accomplished:

1. Human tuberculosis can be transmitted to cattle, but with difficulty, and it seems highly improbable that such transmission plays any great part in the production of the disease among cattle.

2. Bovine tuberculosis can be transmitted to man, but the evidence that such transmission occurs under ordinary circumstances is extremely scanty and it is highly improbable that such transmission plays any important part in the spread of the disease in man.

Buttermilk Feeding.

Carpenter has been using buttermilk in feeding infants and reports the results of twelve patients so fed (*Jour. A. M. A.*, May 11, '07). An exact percentage formula for buttermilk cannot be given—fat is usual 0.5 to 1 per cent., proteids two to three per cent, casein of sweet milk, calcium casein of buttermilk, casein lactate.

The preparation used was as follows: One quart buttermilk, 3 3-4 teaspoonfuls wheat flour, 15 teaspoonfuls granulated sugar. Mix flour and sugar with small quantity of butter milk into a smooth paste. Add buttermilk and heat to boiling point, but do not boil. Double boiler ought to be used. The author's summary and conclusions are appended:

SUMMARY.

The twelve infants reported varied in age from 1 month to 15 months old. The average gain in weight of the five babies treated in the Philadelphia Hospital was 7 1-2 ounces a week. The average gain in weight of the seven babies treated at the dispensary was 8 3-4 ounces a week.

The average gain in weight of the entire twelve infants fed on buttermilk was 8 ounces a week.

This gain in weight is particularly of interest for the reason that every one of these twelve cases were seriously ill at the time they were put on buttermilk. I would call special attention to the five babies in an infant asylum, whose average gain was 7 1-2 ounces a week.

CONCLUSIONS.

One advantage of buttermilk in dispensary practice is its inexpensiveness, costing in Philadelphia only 5 cents a quart.

I believe fresh buttermilk a most excellent temporary food for infants suffering from intestinal indigestion, enteritis and marasmus.

I have observed no unpleasant effects from the administration of fresh buttermilk; infants almost invariably take it well.

A few of these infants, when first put on buttermilk, vomited slightly; but in every case this ceased in a day or two, with one exception (Case 4).

Finally, the point I wish to emphasize from my brief experience is, whatever success has attended the use of buttermilk, is not so much due to the absence of fat as to the great ease with which the proteid of buttermilk is digested. I have had the opportunity to observe this in almost every one of my cases. Several who were unable to digest 0.75 per cent. of calcium casein digested perfectly the 2 per cent. to 3 per cent. of casein lactate in the buttermilk.

1805 Spruce Street.

Diagnosis of Early Pregnancy With Reference to a Particular Sign.

(*Med. Record.*)

Ladinski states that while looking for Hegar's sign his attention was directed to a change in the consistency of the uterus in the fifth or sixth week of pregnancy. That there can be felt in the medium line in the anterior wall of the uterus, just above the junction of the body and cervix, a circular area the size of the tip of the finger, which presents to the palpating finger the sensation of an elastic fluctuation. This gradually increases until at the end of the third or fourth month nearly the entire body partakes of this change.

Treatment of Local Infections.

Wieder says this subject may be considered common place, but a large experience convinces him that a study of the best method of treatment is profitable (*Therap. Gaz.*, May, 1907). For basis of paper and for purposes of illustration a typical case, so often seen, if a neglected scratch on the finger is taken and the various pathological changes described, and appropriate treatment advised. His opinions are summarized thus:

"1. Poultices, so-called antiphlogistics, etc., are useless in the treatment of local infections and do harm by causing greater destruction of tissue and delaying proper remedial measures.

"2. Immediate incision over the point of greatest tenderness should always be practiced, followed by carbolicization of the wound to destroy the nidus of infection, and then a wet bichloride dressing applied.

"3. Free incision with constant wet drainage should be the rule in the presence of pus.

"4. Dry drainage, especially when saturated with coagulative powders, is ineffectual and harmful because of the 'caking' that occurs on the surface, sealing the cavity.

"5. Cases, especially with drainage, should receive soakings with hot bichloride solution thrice daily. Hot salt solution or water may be used if the bichloride appears to be too dangerous.

"6. Waxed paper should not be used over wet dressings, as it forms them into moist warm poultices, which are objectionable.

"7. Never curette infections primarily, excepting carbuncles, which should always be curetted and carbolicized.

"8. Gauze selvage, when soaked in bichloride solution, makes a conveniently handled and effectual packing.

"9. Palmar infections of the fingers and hands are more serious than dorsal infections.

"10. In incising for palmar infections of the fingers, continue the incision until pus or the bone is reached, and do it without delay.

"11. The Bier method of treatment appears worthy of further trial, especially in the milder panarititis of the cutaneous or paraungual type."

Bimanual Vibratory Palpation.

H. A. Kelly, Baltimore (*Journal A. M. A.*, June 1), finds that the difficulties of accurately outlining a kidney or uterine or ovarian tumor can be overcome by using what he calls vibratory palpation. In the case of a pelvic tumor, for example, the finger in the vagina rests lightly on the cervix if it is uterine, or on its lower pole if it is ovarian. Then the upper hand plays lightly over the abdominal wall, over the tumor, touching first its central portions and then advancing radially out toward its periphery, in all directions, communicating a series of very rapid light vertical succession movements. These little vibrating thrills are felt very distinctly by the finger in the vagina as long as the tumor is played on, and are lost as soon as the vibrations fall on the intestines or fat abdominal wall just beyond the edge of the growth. The vibrations are communicated by giving from three to five little tremulous movements every second to the palpating fingers. The actual to and fro movement need not extend over one centimeter. In this way an accurate outline of the tumor and its irregularities can be obtained.

The Significance of Minor Surgery.

The *International Journal of Surgery* contains an editorial on this important subject. They state that they have always contended that minor surgery is minor only in name, and that cases coming under this head often involve as much responsibility and subject the unsuccessful surgeon to harsher criticism than those of far greater severity. One cause of this is that the operative field is often infected. Special stress is called for with injuries of the fingers, since it is a matter of common observation that the most trivial injuries of the fingers are frequently attended with the most serious consequences, chiefly because of the ease with which pus organisms gain entrance to the deeper tissues. Patients are not apt to pay much attention to such wounds, and the mischief has too often been done before the case comes under the observation of the surgeon. For this reason it would be well if the present dread of the laity of blood poisoning would become still greater, and thus act as an incentive to the adoption of some measures of cleanliness after these slight injuries of the fingers.

Remote or Indirect Subperitoneal Drainage in the Extraperitoneal Closure of Persistent Fæcal Fistulæ.

(*Annals of Surgery.*)

Coffey divides persistent faecal fistulæ into five grades or types, which he classes as hernias, reducible and irreducible. He also divides them into two classes, those in which there is an obstruction to the bowel above or below the fistulæ and those in which there is no obstruction. For the latter

class he has devised an extraperitoneal plastic operation which is dependent upon good drainage and intra-abdominal pressure for its success. The article is illustrated with six full pages of colored drawings.

A Striking Comparison.

"Are Texas Hogs Worth More Than Texas Children?" is a question strikingly set forth in a cartoon which accompanies Walter B. Whitman's article on food adulteration in Texas, which appears in *Holland's Magazine* for November. The cartoon shows a couple of porkers contentedly munching their feed—bearing a State inspection tag—while two children with pinched faces, are eating their morning meal, a bottle of milk labeled formaldehyde conspicuously displayed on the table. The picture brings out freely the fact that while the State of Texas has a feed law which assures the purity of feed sold for live stock and provides for its proper inspection, it makes no provision for the protection of the babies against food adulterations. A dealer who sells impure hog feed subjects himself to heavy penalties, but he may sell food containing poisonous adulterants for human consumption without fear of arrest. *Holland's Magazine* is making a strong campaign for the passage of a pure food law by the next Legislature, and it publishes in its November issue a number of letters from Texas State Senators and Representatives endorsing its work along this line.

The November number is elaborately illustrated and contains a large number of special articles and short stories which place it well alongside of the leading periodicals which come from the Eastern States.—*Texas Med. Jour.*

NEWER MATERIA MEDICA.

THAT NEW ANESTHETIC — REPORTS FROM THE FIELD.**Far Superior to Chloroform.**

The Hyoscine-Morphine-Cactin Anesthetic (Abbott) has been entirely satisfactory. In obstetrics it is far superior to chloroform. No nausea, shock or disagreeable symptoms with the mother. The child is born cyanotic but comes round all right. Our county medical society has taken up the matter; all reports have been very favorable. I think it will have a national bearing in the increase of population, as women will cease to dread the pangs of child-bearing, and will increase the number of children born. The nation will owe you a debt of gratitude.

J. S. DICKERSON.

Trenton, Ky.

Twenty Cases, Successfully.

I have used the H. M. C. anesthetic (Abbott) successfully in twenty cases, full reports of which I have kept, as they were all hospital cases.

J. B. WRIGHT.

Trenton, Mo.

Just the Thing in Miscarriage.

I find Abbott's hypnotic anesthetic just what I have wanted for sometime, and will keep a supply always on hand. In miscarriage, where the placenta must be removed under anesthesia, they are the very thing and relieve the operator of the worry of chloroform or ether. I believe them superior to the mor-

phine and atropine hypodermic, as more lasting and certain in effect.

A. D. BARNETT,

Guilford, Mo.

Experience, Not Theory Counts.

In the February number you printed an abstract of my reported experience with your hypnotic anesthetic (hyoscine, morphine and cactin comp. Abbott).

Since using the hyoscine, morphine and cactin tablets in a number of different cases I would not be without them. They are valuable in obstetrical as well as surgical work, and in many other cases where morphine or hyoscine is needed. The hyoscine prolongs the rest so well in pain cases that a second dose of morphine is not needed nearly so often.

At the same time there appears to me an unjust and unfair communication in The Journal of the A. M. A. on the subject, with which I most emphatically do not agree.

I do not wish to take back a word which I have said; but I have something to add. Anyone who has used morphine much, knows that, although usually one has little worry from its use, occasionally alarming symptoms arise, owing to an idiosyncrasy against the drug. So, is a morphine compound like this, we must expect annoying symptoms to occur at times.

In using hyoscine, we now and then get marked cerebral excitement instead of the usual nice sleep. In such cases the face is much flushed. I have observed this several times, and I have

always been particular whose pharmaceuticals I use. At times I make my own tests, to insure purity; so I know the excitement was not due to atropine or hyoscine.

Recently, in an obstetric case, I injected one-half of one of your tablets. Following its use rather marked cerebral excitement occurred. It did not worry me, but to pacify the family, I had to administer chloroform somewhat earlier than I usually do.

This will not discourage me in its use, but had the occurrence happened with one not familiar with the action of hyoscine, he would have been much alarmed.

I believe we must be conservative in using this compound, as we are with any other hypnotic, analgesic or anesthetic (and this is the three combined) or any other drug which brings our patient near the danger line.

J. W. ROBINSON,
McCammon, Idaho.

Appendicitis, Hernia and Amputation.

Case 1. Strong, young man, appendicitis. Tried faithfully for two and a half hours to anesthetize him with chloroform and ether had failed. Two days later I gave him one H. M. C. tablet, hypodermically, one and one-half hours before operation, and one half a tablet fifteen minutes before putting him on the table. Opened the peritoneum when the patient aroused and screamed. As soon as he quieted I had a few whiffs of chloroform given, which he took beautifully, requiring only thirty drops to complete a most successful operation.

Case 2. Woman, aged 50, very frail, femoral hernia strangulated five days.

With one tablet, an hour previous to the operation, I was able to complete the radical operation, resecting six inches of gut. This patient took one-half drachm of chloroform during the operation, was on the table one hour, and came off very much less shocked and in by far better condition than when she went on the table.

Case 3. Amputation of both feet of a boy, for frost bite. Used one tablet and a very small quantity of chloroform. I could mention several other cases, some in the obstetric line, which were equally satisfactory, but it is useless. I consider the compound the greatest help to the surgeon's work yet known. Tomorrow I am going to do a thigh amputation with it on a boy thirteen years old, for tubercular knee of month's standing. He is so weak and thin that he could not possibly stand chloroform or ether.

HUMPHREY SILVERTON BELT.
South Boston, Va.

Thomas W. Forshee, M. D., of Madison, Ind., writing, says: "It is a pleasure to me to add my testimony to the hundreds of other physicians in attesting the merits of Sanmetto. I have used it extensively in my practice since its inception, and without any failures where it was typical. For vesical irritation in both male and female I find it perfect. Not that every case is cured by it, but when I make failures I find them due to some mechanical displacement, or to tuberculous conditions. For prostatitis I have never found any remedy that approximated it. I have used it myself with remarkable success. It is not necessary for me to say that I shall continue its use where indicated."

What is the Moral of this Incident?

Dr. X enjoys the largest general practice uptown. His large automobile is always on the go. He paid me a visit this afternoon. He was in the neighborhood, he said, and he thought he would drop in and make the acquaintance of the editor of the "brightest and most interesting medical journal published." He evinced some interest in the environment of the C. & G. office. He noticed a large number—over two hundred—of different journals of the current year, neatly arranged in piles. "You read all of them?" "Yes." "Where do you get the time?" "You can get the time for anything, if you really want to." "Well, I can't. All I read is the J. A. M. A. and the Critic and Guide. I think they are the best journals published. And you and Dr. Simmons deserve a great deal of credit for the work you are doing with reference to patent medicines and proprietary nostrums. Great work. Time the physician's eyes were opened." Here he coughed and continued: "Would you please let me have a swallow of water. I have a little cold." The office boy brought a glass of water. Dr. X took out a tablet from a box in his vest-pocket and swallowed it, washing it down with the water. The tablet was an antikamnia and codeine tablet.

I said nothing.

A life subscription to the reader who will point out the best moral of this incident.—*From the Critic and Guide, May, 1907.*

The Moral.

On Page 8 of the January, 1907, *Critic and Guide*, appears the follow-

ing editorial with which, no doubt, Dr. X fully agrees:

"When a patient comes to consult me and pays me a fee, then my sole sacred duty is towards that patient and towards nobody else. And I am going to use on him and prescribe for him whatever I consider most useful for him, regardless of all other considerations. Whether the preparation is trade-marked or not, whether it has a fanciful name or not, whether it has a circular around the bottle or not, whether the druggist makes 50 or only 5 per cent. profit on it—for all of these things the patient does not care a pica-yune; and neither do I."

In the treatment of the chronic skin inflammations, following in the wake of attacks of toxic dermatitis, attention to the general condition of the health, avoidance of anything irritating to the skin, a carefully selected diet and proper care of the skin are important features which must not be neglected. In addition, Battle's preparation of *echinacea angustifolia* and *thuja occidentalis*, which goes under the trade name of *Ecthol*, should be used both locally and internally, a drachm should be taken four times a day.—*American Journal Dermatology.*

Arthritis Deformans, or rheumatoid arthritis, is one of the affections which is most refractory to treatment. Most physicians, conscious of their weakness, make no attempt to arrest the progressive and invading march of these lesions, which often constitute incurable infirmities and condemn the unfortunate patient to total impotence. Jacoud in France and Wood in America, however, do not take such a pessimistic

view of the situation. They both claim to have obtained good results from the salicylates, and in such cases one of the best preparations of the salicylates is colchi-sal. It counts many successes where other drugs have absolutely failed. Of course, the deformities, once constituted, cannot be dissipated, but the progress of the disease may sometimes be arrested, and the pain often very rapidly relieved.—*Edmond Gros, M. D., Paris.*

In convalescence from acute diseases, such as pneumonia, typhoid fever, acute articular rheumatism, etc., we are face to face with the problem of restoring the weakened organism to its normal condition. *The blood shows a state of secondary anemia*, the nutrition is lowered, the nerve and muscular tone is below par; the appetite but sluggishly answers our urging, and the digestive powers feebly respond to the demands made upon them.

It is at the dawn of convalescence, when the danger of the illness itself has passed, when the desire to live, to get strong, is highest in the patient, that the physician's reputation often hangs in the balance. Having brought the patient through an illness, many physicians are unfortunately content to rest on their laurels, and to let long-suffering "Nature" do the rest. The wise practitioner, however, knows that Nature is grateful for the proper kind of aid in these circumstances,—aid in her efforts to lead a weak organism out of the bondage of illness.

And so, the far-seeing physician will look about in his armamentarium for a drug or a combination of drugs which will restore the blood, the nutrition, the digestion, the assimilation, the appetite,

the weight, and the powers of resistance of the sufferer to normal, in the quickest possible time.

Fortunately, nature has provided two chemical elements, iron and manganese, which are as necessary to the system as life itself, and which, when given in the proper amounts and in the proper forms, will carry the patient through convalescence to health. In the delicate state of the digestion of a convalescent it is of the utmost importance that the forms of iron and manganese administered be such as to become absorbed and assimilated with the least disturbance of the gastro-intestinal organs. The old-fashioned inorganic preparations of iron which still figure in the Pharmacopœias of various countries are totally unsuited for this purpose.

The scientific researches of Hamburger, Bunge, and others, conducted during the past twenty-five years have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude) is the most readily absorbed, and therefore the most efficient preparation of iron-manganese now, and as such is used with the greatest benefit in convalescent anemias.

A point which is frequently lost sight of in considering the treatment of anemia, is the importance of manganese as a constituent of normal blood, and as an element ranking only next to iron in its power of building blood cor-

puscles and increasing the life-bearing hemoglobin of these cells.

Campani, an Italian savant, as early as 1872, demonstrated that manganese is found in the red blood cells, as well as in the serum of normal blood, and the more recent researches of Lecann and Lheritier show that manganese forms a constant constituent of the hemoglobin molecule. Furthermore, Zaleski (*Zeitschr. f. physiol. Chemie*, 1904, page 449) showed that manganese enters the molecule of hemoglobin with the same readiness as does iron, and therefore it has the same direct blood-forming power as iron. But, perhaps the most important fact in connection with manganese, is that once having entered the red cell, it attracts iron to the coloring matter of the blood, as the recent investigations of Benedetti have shown (*Boll. Scienze. Mediche*, Bologna, June, 1905).

A consideration of the above facts will convince any unbiased physician that the preparation known as Pepto-Mangan (Gude) is made on scientific principles, in accordance with the researches conducted by the foremost physiologists and clinicians within the past quarter of a century. It contains a combination of iron and manganese calculated to secure the highest possible bloodbuilding efficiency without in the least interfering with the digestive functions. On the contrary, Pepto-Mangan is an excellent digestive tonic, it increases the appetite and promotes nutrition. Pepto-Mangan (Gude), therefore offers in convalescence the surest, most agreeable, and most prompt road to perfect health.

After the removal of alcohol, Celerina given in doses of from one-half to

one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

Gastric Immotility.

A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. Insufficient motility is followed by dilatation and this by excessive fermentation of the ingested food.

To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Comp.

Increased activity of the muscles of the stomach means improved circulation, and this in turn exerts a beneficial influence on the secretory functions. Thus, excessive fermentation and other distressing symptoms are logically overcome with actual instead of temporary improvement in the whole physical condition.

Bromide Treatment.

No form of bromide treatment will prove successful unless the very purest salts are employed. The combination of the five bromides in Peacock's Bromides will give the best possible bromide results, simply because the salts employed in its manufacture are extraordinarily pure. They are made especially for the product and salts of their high purity can not be purchased in the open market. It is therefore no wonder why Peacock's Bromides has been so generally indorsed and particularly by neurologists; large users of bromides.

There are many physicians who desire special appliances to meet their individual requirements. We are very much interested in some special articles put out recently by W. D. Allison Company, of Indianapolis.

We here show one of these cabinets, constructed for a specialist in Chicago. The design was commented upon very favorably by other Chicago practitioners, and a number of the cabinets were made on special order for these physicians.



The lower section is similar to the regular Allison Style 69 except that the drawers are arranged differently. There is a plate glass top on the lower section, with fenders around the sides and back to hold special treatment bottles, and on either side of the back is an electric bulb. The upper sections, with glass doors and sides, contains three plate glass shelves for instruments.

If you require anything special, the Allison Company can build it for you. Their regular line is very complete, including cabinets of such capacity and arrangement as will meet, as nearly as possible, every requirement of the physician or surgeon. Complete catalogue will be sent to your address, upon request.

So-called Rheumatic Gout.

Colchi-sal is prophylactic in gouty subjects who have a tendency to deposit sodium biurate, which causes inflammatory deposits around the joints and seems to be the most useful of any preparation of colchicum and salicylates, in assisting nature in the elimination of xanthine compounds due to the faulty metabolism of autointoxication. It is perfectly safe in osteo-arthritis, febrile conditions characterized synovial membranes, especially where this inflammation extends to the tendons, sheaths and skin.

The Exaggerated Ego

has been defined by an eminent alienist as "a disproportionate idea of importance of self, a belief that one is clothed with powers, capacity and ability far above normal or above those actually possessed." Rather a roundabout description, this, of a swell head.—*Med. Times*.

Colchi-Sal has a very wide application in all conditions attended with or depending on the accumulation of waste or toxic material in the organism. This applies to gout, acute and chronic rheumatism, and to all affections partaking of their nature.—*International Therapeutics*, Oct., 1906.

A recent and very plausible theory ascribes rheumatism "to toxins formed in the alimentary canal as the result of disordered digestive functions, producing disturbances in metabolism and alteration in the tissues. The body suffering these effects of autointoxication has its vital resistance lowered and is therefore subject to microbic invasion."

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BOOK REVIEWS.

No more vitally interesting article has appeared in a long time than "Brain and Body," in the July *Everybody's*. The author, Dr. William Hanna Thomson, a recognized authority, presents what to most of us will be an entirely new conception of the brain, facts of the greatest practical importance in mental training, and he puts it in a simple, easily comprehended form unusual in a scientific writer. It is a notable contribution.

Fiction occupies a suitably prominent place in the July number with such writers as Mary R. S. Andrews, Stewart Edward White, O. Henry, and Lloyd Osbourne, but the editor finds space besides for a number of interesting articles. One of the most entertaining of these is "The Aristocracy of the Circus," by Hartley Davis, an historical account of certain famous circus families. It is illustrated with a number of unusual circus photographs.

The Jamestown Exposition prompts Eugene Wood to do a little muck-raking in the past. In "Three Hundred Years Ago" he attacks the fame of the first Virginia settlers, and finds that Captain John Smith alone was deserving of the honor of the present celebration.

The second of Will Payne's series, "The Cheat of Overcapitalization," is especially timely in its account of the enormous inflation of railroad securities. Charles E. Russell in "The Suez Canal" finds some lessons for our own canal project, and Arnold White writes interestingly about the English House of Lords.

INTERNATIONAL CLINICS.—A Quarterly of Illustrated Clinical Lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners, by leading members of the Medical Profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Volume 1, Seventeenth Series, 1907. Philadelphia and London, J. B. Lippincott Company.

The contents of Volume 1, Seventeenth Series of International Clinics are of the usual high class matter and all of practical value to the practitioner and student. This volume is made up of the usual sections on treatment, medicine, surgery, gynecology, ophthalmology, and laryngology, while the latter half is taken up in review of Medicine during 1906: Treatment of Infectious and Constitutional Diseases and

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PARAFFIN IN SURGERY.—A critical and clinical study by Wm. H. Luckett, M. D., Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York and Frank I. Horne, M. D., Formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12 mo.; 38 Illustrations; 118 Pages. Surgery Publishing Co., 92 William Street, N. Y. City. Cloth \$2.00.

This book covers a special field in surgery of absorbing interest both to the surgeon and general practitioner. The research and original investigations made by the authors in the use of Paraffin have exploded many fallacies previously maintained. It presents the Chemistry of Paraffin, the Early Disposition of Paraffin in the Tissues,

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PROGRESSIVE MEDICINE.—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; one time Clinical Professor of Diseases of Children in the University of Pennsylvania; Member of the Association of American Physicians, etc. Assisted by H. R. M. Landis, M. D., Visiting Physician to the Tuberculosis Department of the Philadelphia Hospital, to the White Haven Sanatorium and to the Phipps Institute; Demonstrator of Clinical Medicine in the Jefferson Medical College.

Volume IX, No. 2 (whole number 34), *Progressive Medicine*, covers the following subjects: Hernia, by William B. Coley; Surgery of the Abdomen, exclusive of Hernia, by Edward Milton Foote; Gynecology, by John G. Clark; Diseases of the Blood, Diathetic and Metabolic Diseases, Diseases of the Spleen, Thyroid Gland, and Lymphatic System, by Alfred Stengel; Ophthalmology, by Edward Jackson.

These writers are so well known and consequently the subject matter of these articles is so valuable that it would be

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THE MEDICAL EPILOGUE SERIES.—

Pathology, General and Special. A Manual for Students and Practitioners, by John Stenhouse, M. A., B. Sc., Edin., M. B., Tor.; formerly Demonstrator of Pathology, University of Toronto, Toronto, Can., and John Ferguson, M. A., M. D., Tor., Senior Physician, Western Hospital; Formerly Senior Demonstrator of Anatomy, University of Toronto, Toronto, Can. Series Edited by Victor Cox Pedersen, A. M., M. D., Lecturer in Surgery at the New York Polyclinic Medical School and Hospital; Genito-Urinary Surgeon to the Out-Patient Departments of the New York and the Hudson Street Hospitals; Anesthetist to the Roosevelt Hospital. Illustrated with 16 Engravings and a Colored Plate. Lea Brothers & Co., Philadelphia and New York.

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A TREATISE OF THE PRACTICE OF MEDICINE—For Practitioners and Students. By Arthur R. Edwards, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Northwestern University Medical School, Chicago. Octavo, 1328 pages, with 101 engravings and 19 plates. Cloth, \$5.50, net; leather, \$6.50, net. Lea Brothers & Co., Philadelphia and New York, 1907.

A new work in so broad and well filled a field as the literature of Practice may be expected to present its credentials. In the case of Professor Edwards' book they are of such character as to form presumptive evidence of its value and to give it immediate prestige. The author has for years occupied one of the most important chairs in the country, and his skill in filling it is manifested by his steadily large classes. Teaching is excellent training for the teacher himself. It enforces two essential points, perspective and clearness. Without either a large subject is befogged. The successful teacher must

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In the Rheumatic Diathesis use Abbott's Salithia—"Saline Laxative" plus Tartrate of Lithium and Colchicine in effervescent combination. It is both pleasant and efficient. Calcalith (Calcium and Lithium Carb. Comp. with Colchicine) is a good addition. Per can, same size as medium Saline, 35c. Calcalith, per package of 200, 80c.

TO "CLEAN UP!"—Use the W.A. Intestinal Antiseptic. A mixture of the chemically pure sulphocarbolates of lime, zinc and soda, the most perfect antiseptic for the alimentary canal yet devised. Price 100, 25c; 500, \$1.15; 1000, \$2.25.

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THE PRACTITIONER'S LIBRARY.—The Practice of Pediatrics in Original Contributions by American and English Authors. Edited by Walter Lester Carr, A. M., M. D., Consulting Physician to the French Hospital, New York; to the New York City Children's Hospitals and Schools; Member of the American Pediatric Society; Formerly Editor of "Archives of Pediatrics." Illustrated with 199 Engravings and 32 Full-Page Plates. Lea Brothers & Co., Philadelphia and New York.

A comprehensive and authoritative survey of each of the major divisions of medicine is necessary from time to time to record its latest development and to enable those who desire to master it as a whole, or to post themselves on special points, to do so with facility. With this object three companion volumes have been arranged covering respectively Gynecology, Obstetrics, and

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The volume on Pediatrics, which is just out, is from the pens of well-known authorities in America and England, who have been selected as eminently fitted to write on the subjects assigned to them. These authors have kept in mind: first, the clinical picture of a disease, and second, the best methods for its treatment. This plan has allowed each author to give his own observations of a disease, and the therapeutic measures which have resulted in the greatest success. Naturally this adds to each contribution a personal element which is entitled to consideration, as the authors are, without exception, clinicians and teachers of wide experience.

In the arrangement of the volume more space than usual has been allotted to infant feeding, disease of the alimentary tract, disorders of nutrition, respiration, and circulation, and to contagious diseases, the object being to describe the conditions most intimately associated with disease in children and not those which are more common in adult life and found but rarely in childhood. In a word, the line between Pediatrics and General Medicine has been carefully drawn, so that space has thereby been found for a full presentation of this specialty in a convenient volume. In some sections extra space has been given to methods of diagnosis which are now regarded as essential by physicians who wish to be exact in their work, but the details of which are not readily accessible elsewhere. On the other hand, mooted pathological questions have been omitted, and the

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A REVIEW OF THE OPSONINS AND BACTERIAL VACCINES—We are in receipt of a reprint of a paper having above title appearing in *Therapeutic Gazette* on Jan. 1st, from the pen of E. M. Houghton, Ph. C., M. D.

This paper was accompanied by a companion paper by E. O. L. Miller, M. D., giving directions for Determining the Opsonic Index of the Blood." This subject is one that should interest all medical practitioners and we are pleased to announce that Parke, Davis & Co. will mail a copy of this reprint to all physicians asking for it.

The *Medical Era* of St. Louis, Missouri, will conform to its usual custom and issue its yearly series of special Gastro-Intestinal numbers embracing July and August. The August issue will be given over entirely to the consideration of every phase of Typhoid Fever. The series will contain about 35 or 40 practical papers and will contain a large amount of valuable information.

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By R. O. Huffaker, A. B., M. D.,
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I hold distinctly in mind one of the first lectures I heard after entering the University. The great professor spoke of the mission of the doctor, how his life was full of sacrifice, given to the uplifting of physically fallen man; that in the honors and riches attained and gathered in by men in other callings he would have no part or parcel. "If there is any one here," the solemn orator continued, "who has taken up the study of medicine with the hope that he may some day be a great man as the world accounts greatness, he will see his illusions languish; if he expects to accumulate riches, disappointments will mar his usefulness, inasmuch as his labors are with the afflicted and his revenue from the poor."

Now all this, was all very fine in its way, but in such speeches the seed of discontent is sown that brings forth fruit after its kind so long as we practice medicine. The idea that we are giving our life work to others is not pleasant to a normal man, and we brood over it, forgetting that good men in almost all honest pursuits give much to humanity. We are dissatisfied with our profession, regretting that we did not choose some other. Then, as it is too late to change, we imagine that we could make much more money in another country. The latter I think is the case with many of us in Greene county. Wild reports come to us from the West, telling of the fortunes that are made by medical men there. Our kindred and friends write us personal

letters, "Why do you stay in the midst of hills when there are wide fertile plains waiting for you?" Again, the message comes from the large towns and cities, "Why don't you leave the village with its narrow limits, the muddy rural roads, the long lonesome rides?"

These suggestions are usually accompanied with mild flattery, allusions to talents and great abilities wasted on an unappreciative people. And we ponder these things, wondering if we are not very foolish to remain, forgetting what a noble heritage we really have.

It is the object of this paper to make us more contented. Statistics show that the average income of physicians in the United States is less than \$600 per annum. In making this estimate let us bear in mind that the princely salaries of famous surgeons, of men in high official positions, of those in large cities and new countries where the expense of living is enormous are included. Let us consider the comparative expense. Our western and city brother is compelled to make a show of prosperity and keep up a rapid pace if he expects to retain a paying clientele. His stanhope must be spotless, his horses well groomed; he keeps an auto-car, a suite of costly rooms. High house-rent, electric lights, grocery bills, and a hundred other things make his income seem small even if it is good. Most of us own our own homes; our manner of life is simple. We do not need to do things for appearance sake, for our population is a settled one. They know what we are and what we

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can do—it matters little to them whether we have fine offices, ride in carriage or not; it is sufficient that we are skilful. Most of us own farms and raise our hogs and cattle; sweet smelling hay fills our barns. We have pure milk, fresh eggs, vegetables, all so convenient that we lose sight of their value.

But leaving out all such pleasant considerations as these, are we so poorly paid as our friends would have us believe? I think there is hardly a physician in the county who collects less than \$600, and the fact that he does not make more is largely his own affair. There is no reason why he should not conduct his business as does the merchant. The fact that we have had long acquaintance with our patrons gives us advantage in collecting; we know what they have to pay with and their manner of paying. What if we do lose accounts? We will have enough from those who do pay if we attend calls promptly and go any distance demanded of us. Our fees are very moderate, but we could charge more if we wish, since we are not crowded with competitors.

We will never get rich practicing medicine in Greene county; men rarely

get rich following any one occupation; wealth comes through other channels, lucky trades, accidents, peculiar abilities, but the doctor has many opportunities for adding to his income from outside sources. Never before has capital been directed to East Tennessee as now; the value of real estate is advancing steadily and the observant physician knows more than almost any one else of property to be sold and of its real worth. If he wishes to deal in cattle on a small scale no one, next to the cattle traders, is better informed of where to buy. He can deal in timber if it suits his inclination; he knows where the forests are. He can invest his money in paying enterprises, mills, factories, etc.—many ways in which to make money.

Our old professor was right when he intimated that we should hold our high calling above mercenary strivings, but if the gathering of gain is what you want you can accomplish it here. Make the poor man divide his hog with you, take a portion of the widow's small allowance, take the invalids' crop of corn, grind the poor; you have a good mill for the purpose, for all that a man hath will he give for his life. Perhaps your soul is generous. You stop your

horse at the gate, intending to ask the man of the house to pay his long due account. While you wait some children come through the yard. You feel the cold wind and look at the children with their thin garments and little feet bared to the frosty earth. They gaze at you with wide innocent eyes, eyes full of affection, for are you not the good doctor who cured their mother? "Some more convenient day," you sigh, and ride on, seeing in your mind your own little ones clad in nice warm woollens. You intend writing a sharp statement to a delinquent as soon as you get to your office. On the way home you stop at the grocery, and order something nice sent up. Alas! there stands the delinquent's hard-working wife, her face seamed with lines of struggles against odds. She is buying the cast-offs that her children may not starve. "Some more convenient day," you sigh, and give her a kind word.

Make money or not, gentlemen, as you like. Reproach the noble heart of you that sees something grander in this life than striving after unneeded wealth, but do not think that you have no business opportunities.—*Va. Med. Semi-Monthly*.

The Bloodless Methods of Artificial Dilatation of the Cervix Uteri at Full Term.

Lewis (*Surgery, Gynecology, and Obstetrics*, December, 1906) states that in looking over the literature of the last few years he concludes that the advocates of the branching metallic dilators, especially the Bossi type, have not made out a case. All the branching instruments are complicated and composed of a very large number of parts. All are dangerous as carriers of infection, be-

cause all are difficult to clean. Most of them depend for the dilating force upon a screw at the end of the instrument—usually eight or ten inches distant from the dilating tissues. Various rules are promulgated by various authorities about taking so and so many turns of the screw in so and so many minutes, waiting so and so long before screwing up again, and otherwise doing things by rote. The great fault of all is that the intelligence of the operator has to pass through so much mechanism before it reaches the tissues. It is impossible, at the end of a complicated instrument worked by a finely threaded screw, to have any adequate idea of how much force is being exercised upon the tissues of the os and cervix. Many authors state that the os must be tense, others that it must be loose. In reality, that excessively rigid os about which we hear so much and see so little is extremely rare. When it does exist, there is no method of the bloodless variety which can dilate it without great danger of serious lacerations. Here is the place for one of the bloody measures. The consistent and careful use of the bags, or, if more haste is demanded, the bimanual method, will overcome the other cases about as quickly as the Bossi method, and always more safely.

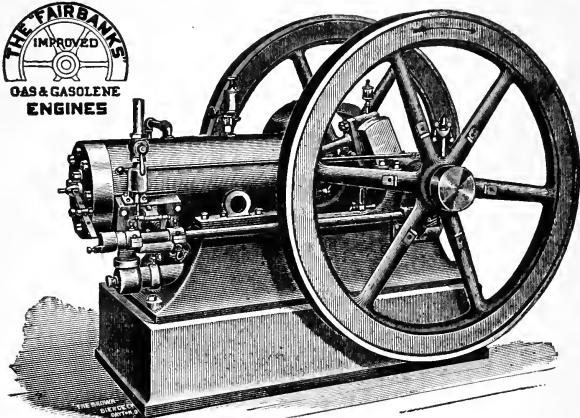
Bardeleben's examinations prove that far more lesions follow the method of Bossi than follow labors where that method is not employed. The large and growing number of authorities, especially in Germany, who are coming out from the glamor of Leopold's enthusiasm, and who are reporting failures with the Bossi method and serious lacerations following it, are continually furnishing more and more evidence against it.—*Therapeutic Gazette*.

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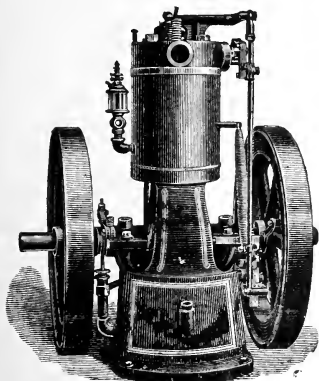
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Chronic Constipation.

In the *St. Paul Medical Journal* for December, 1906, Allen deals with this question of importance to many practitioners. He says in spasmodic constipation, that form brought about by a contracted state of the small and large intestine, due to irritation of the inhibitory fibers of the splanchnic, as in hysteria and uterine disease, anti-spasmodics and sedatives, rather than laxatives, are indicated; for this purpose belladonna, opium, and hyoscyamus are useful remedies. Calomel and castor oil on the one hand, and the so-called drastic purgatives, such as senna, colocynth, jalap, rhamnus, and croton oil, on the other hand, should be used only (in habitual constipation) when obstinate retention of the stools must be overcome at once. In other words, they are to be given only occasionally. The same applies to the saline cathartics in maximum doses. The salines, it is true, are frequently given in a special form under the name of bitter waters that are taken in certain spas, such as Marienbad, Carlsbad, West Baden, Kissingen, and many others; their action depends largely upon the magnesium sulphate which they contain in a large percentage. While they produce an evacuation of

the bowels they act like any ordinary laxative, in that the effect is temporary and not permanent. It is possible that in a few isolated cases, in which catarrh of the intestine is the primary cause of constipation, a course of these saline waters may lead to permanent improvement by curing the catarrh. A course at any of the above named watering places may do this. While these waters do not cure a majority of cases there is no doubt that patients suffering from habitual constipation feel comparatively well while stopping at one of these watering places; yet it is almost certain that the old condition will return as soon as they stop taking the waters.

Rectal injections or enemas are an important method of the symptomatic treatment of constipation. The exact quantity of fluid to be injected and its composition must be determined in each individual case—that is, we must see whether cold, cool, or lukewarm water, or a mixture of water and soap-suds, vinegar, common salt, or oil, is most effective. Occasionally, especially in the spastic form, injections of olive oil alone produce excellent results, given in quantities varying from two to eight ounces. Lately glycerin has become very popular, administered as an injection in quantities of from 2 to 4 grammes with a small syringe, or inserted into the rectum in the form of suppositories. Glycerin stimulates peristalsis by withdrawing water from the intestinal wall. The tingling sensation that it produces in the rectum after administration can be overcome by the addition of an equal amount of water before being injected. The different kinds of injections all have the advantage of acting purely locally on the large intestine and of stimulating the

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peristalsis of that portion of the bowel without affecting the stomach, hence they are valuable in the treatment of that form of constipation characterized by fecal retention about the sigmoid and rectum. The same objection, however, is found in this method of treatment as in the case of laxatives; it sooner or later loses its power. It is advisable, therefore, in cases in which the evacuation of the bowels must be artificially stimulated for a prolonged period of time and cannot be avoided, to alternate between the different remedies and methods at our disposal.

In conclusion, laxatives should be avoided as much as possible, and when used preference should be given to aloes, cascara, and podophyllin. Drastic purgatives are to be used only occasionally, when constipation is obstinate and an immediate evacuation is necessary. The bitter waters afford only temporary relief. Sedative and antispasmodic remedies are sometimes required when constipation is of the spastic type. Injections are of certain value, but the disadvantage is that ultimately small quantities of water do not suffice, and the larger amounts must be used, which overdilute the large bowel and thereby render the use of injections valueless. Small injections of glycerin and large injections of olive oil may very properly be recommended. This would leave a great deal to be said in favor of the physical, mechanical, and dietetic treatment of chronic constipation.

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Various Values of Physicians' Services.

The Supreme Court of Colorado discusses the criteria governing the value of medical services. The value of professional services may depend considerably on the character and standing of him who performs them. Diversities of gifts, period of time passed in the profession, the experience, degree of skill and faculty of using professional knowledge, should be considered. The services of some are worth more than the services of others, because they will command more. Evidence of professional standing is clearly admissible. The fact that a doctor is very busy tends to show his professional standing. If constant practice in the art of his profession renders a practitioner more capable than he otherwise would be, the extent of such practice is a matter which may be properly inquired into for the purpose of determining the value of the services.—*Buff Med. Jour.*

Ernest von Bergmann, an eminent surgeon and leader of the medical profession in Germany, died at Weisbaden, March 25, after an operation for appendicitis, aged 70.

There are few surgeons more widely known throughout the world to-day than was von Vergmann. He was a voluminous and successful writer, a deep thinker, an able, skilful surgeon and tireless in his efforts to promote the welfare of the medical profession.

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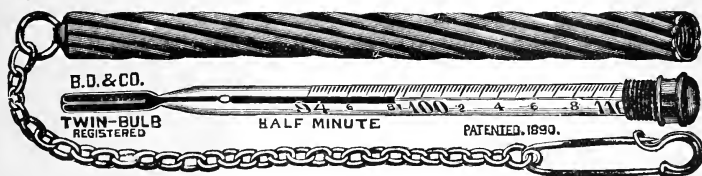
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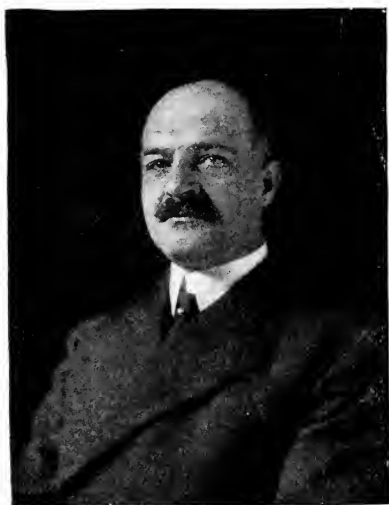
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The Use of Digitalis in Valvular Disease of the Heart.

Colbeck in the *British Medical Journal* of December 1, 1906, asserts that it seems hardly possible to resist the conclusion that the primary and essential feature in the production of dilatation and failure of the heart is a decrease, either absolute or relative, of the cardiac tonus.

The influence exerted by digitalis and its allies on the cardiovascular system may be briefly stated to be a persistent and well-marked increase in the tonic contraction of the muscular tissue of the heart and arterioles whereby (that is, on mechanical and dynamical grounds apart from neuro-muscular and other considerations) the action of

the central organ is rendered more deliberate and at the same time more powerful and effective. The author wishes more particularly to draw attention to the fact that digitalis increases the cardiac tonus in a very remarkable manner, and although the tonus of the systemic arterioles and capillaries is simultaneously augmented, the balance of advantage, provided the cardiac parietes remain healthy, must always be with the heart, and this is more especially the case when the organ has undergone hypertrophy.

In aortic incompetence the left ventricle has to withstand during its diastole the distending effects of the regurgitated blood-stream under the pressure of the arterial recoil. The total intraventricular pressure during diastole on a unit of surface is the resultant of the respective pressures which prevail at the aortic and mitral orifices, and is of course enormously in excess of the normal. The magnitude of the pressure that is exerted by the arterial recoil is more readily appreciated under experimental conditions, for it has been shown in animals that if the aortic valve be suddenly rendered incompetent the aortic pressure is sufficient to produce aneurism, or even rupture of the wall of the unprepared heart.

The strain imposed on the wall of the ventricle under the conditions ordinarily connected with the incidence of aortic incompetence comes into operation gradually, and its magnitude is ultimately determined by the extent of the lesion and the state of the arterial blood-pressure, but in any event it constitutes the chief source of overwork which has to be performed by the heart. It is of course obvious that the resistance to progressive and unlimited dias-

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tolic distention of the **left ventricle** in aortic regurgitation must be and is provided by an increase of the tension of the muscle fibers of the ventricular wall, and this is initiated and regulated by it is relaxed and defenseless in diastole," as is so often stated, there would be little further to say about aortic incompetence. Fortunately, the heart is enabled to fall back on a second line of defense—to wit, the cardiac tonus, which, assuming valvular functions, staves off unlimited dilatation and maintains more or less adequately the systemic blood-pressure. Dilatation would quickly get the upper hand of hypertrophy at the outset were it not that the ventricle falls back on its reserve power, which temporarily wards off the distending effect of the lesion. This increased display of functional activity leads, under favorable nutritional conditions, to hypertrophy, which restores and maintains the tonus of the ventricular wall up to the level of the requirements that are demanded by the increase of intraventricular pressure. There is no doubt a further cause for hypertrophy in that the ventricle has to propel a greater quantity of blood at each systole; but this factor must be unimportant compared with the task of maintaining the tonus of the cardiac wall.

From a theoretical standpoint the action of digitalis would appear at first sight to afford promise of considerable assistance in the treatment of aortic insufficiency, but a very little consideration is sufficient to banish this expectation.

In uncomplicated aortic incompetence, under the most favorable conditions of establishing compensation, the left ventricle is working in the face

diminished reserve power, and, consequently, of a lessened margin of safety. The exhibition of digitalis would no doubt augment the tonus of the ventricular wall, but concurrently the tonus of the peripheral vessels is heightened and the length of the diastole increased. Provided the cardiac parietes were sound, and so long as the conditions of the circulation were fairly equable, the balance of advantage would doubtless rest with the heart, but the introduction of any further strain, in the shape of nervous or physical exertion and so forth, might seriously imperil or even overcome the integrity and resistance of the ventricular walls. The concomitant pressure of mitral incompetence would sensibly diminish the risk of a cardiac breakdown, by enabling the distressed ventricle to discharge part at least of its contents along the path of lesser resistance provided by the imperfectly closed auriculoventricular opening. The administration of digitalis is absolutely contraindicated by the presence of degeneration or disease of the ventricular wall.

On the other hand, it is readily conceivable that in the course of aortic incompetence a comparatively sound ventricular wall may be temporarily overpowered by exposure to inordinate extraneous strain, such as may be entailed, for instance, by undue physical exertion, intercurrent disease, and so forth; under circumstances of this kind digitalis should be invaluable for the purpose of restoring the vigor of the heart. The simultaneous action of the drug on the right side of the heart is not without influence in the restoration of compensation; but the consideration of the operation of this factor, which

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is not altogether favorable in aortic disease, will be discussed by the author at another time under the head of mitral incompetence.

In practice, then, it may be inferred that digitalis should seldom, if ever, be given in cases of aortic regurgitation which have developed during or after middle life, since the ventricular wall is seldom perfectly sound under these circumstances, and never in cases which give evidence of myocardial degeneration or disease. If complete rest is obtained, digitalis is permissible and beneficial up to a certain point in young, otherwise healthy adults showing signs of circulatory failure, more especially when the aortic lesion is combined with mitral incompetence. The drug should be discontinued for some time before exercise is resumed, and for reasons which the author has already advanced this rule should be rigidly observed. Neglect of this precaution might be followed by rapid failure of the ventricle and sudden death.—*Therapeutic Gazette*.

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Sig.: Introduce suppository into vagina at bedtime, after using a cleansing douche. (Medical Summary.)

Dyspnoea in Chronic Bronchitis.

Bruhl (Gaz. med. de Nantes) recommends counter-irritation on the chest, emetics followed by alcohol, kola or caffeine, and expectorants. For the aged:

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Alcohol, 90 per cent., ʒvj.

M. Five or six drops in sweetened water three times a day.—*New York Medical Journal*.

Relation of Epilepsy to Convulsions in Children.

Moon urges (Lancet, December 24, 1904), that a serious view be taken of all convulsions occurring in infancy, and says that we are not justified in supposing that even a single convulsion in childhood will end with itself and have no further evil influence on the life of the child. For most of the cases which arise in connection with an extrinsic cause also have a history of heredity or alcoholism in the parents which are both predisposing causes of epilepsy. Even where there is no such history, and it is assumed that a peripheral irritation is adequate in itself to produce a convulsion in a perfectly normal brain, the mere fact of the convulsions being often repeated makes the brain cease to be normal and creates a distinct pathologic basis for the production of epilepsy. It is impossible to give the precise relation of such convulsions to epilepsy, but Moon believes that a much greater difference is made between these two affections than the facts seem to warrant.—*Journal of the American Medical Association*.

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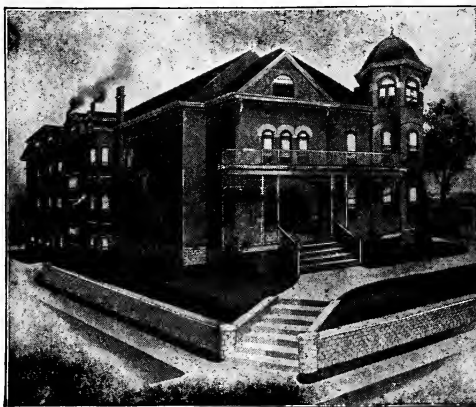
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ORIGINAL COMMUNICATIONS.

The Problems and Tendencies of Our Profession.

(By DR. E. T. DICKINS, Annual Essayist.)

The presidential statement that "If we could first know where we are, and whither we are tending, we could better judge what to do and how to do it," includes the intent of this essay.

Our constant entanglement amongst the many and various daily problems of a busy life is a veritable bewilderment. The mere mention of the city disturbances of our professional life would make a list too long for this paper. These left alone will furnish their own best solution, the tendency of extrication from such entanglement naturally following the law and direction of least resistance.

But there are some more complicating problems, some real enduring problems, that have no self limitations and no inherent powers of solution.

The general tendency of the day, the resultant of the wish-wash, the currents and the counter-currents state a problem that must be reckoned with, but one that can never be finally solved.

To be sure there are those in every calling who go about the work of the day before them, doing it according to the rules of their craft and asking no questions of the past or of the future, or special labor is contributing. These consider themselves busy practical men. They pull the oars of society, and have no leisure to watch the currents running this or that way. But unconsciously of the aim and end to which their the currents are carrying these men with them without their knowledge as to whether they are drifted by the good or the bad. Sir Edward Parry and his party were going straight toward the pole in one of their arctic expeditions, travelling at the rate of twelve miles a

day, and not a man among them would have known that he was travelling two miles a day backward, unless he had lifted his eyes from the track in which he was plodding. It is not only going backward that the plain practical workman is liable to, and if we will not look up and around we may go forward to ends we little dream of and could not desire.

It is a simple business for a man to build a niche in a wall; but what if a hundred years afterwards, when the wall is torn down, the skeleton of a murdered man drops out of the niche?

It was a plain practical piece of carpentry for a Jewish artisan to fit two pieces of timber together according to the legal pattern of Pontius Pilate. He asked no questions, perhaps, but we know what burden the cross bore on the marrow; and so, with subtler tools than trowels or axes, the statesman who works in policy without principle, the theologian who works in forms without soul, the physician who, calling himself a practical man, refuses to recognize the larger laws which govern our changing practice, may all find that they have been building truth into the wall, and hanging humanity upon the cross.

But in reality, as a body, we do move forward. The solemn scepticism of science has replaced the sneering doubts of witty philosophers. The more positive knowledge we gain the more we incline to question all that has been received without absolute proof.

The most potent advances of our profession have been initiated by those whose names we see and hear in prominent places, but their perpetuation, their realization and their boon to the public have come through the efforts and the

general upward tendency of the masses of the profession. Our problems belong distinctly not to individuals, and their practical solution must, in the future as in the past, come through the sanction of the rank and file of this vast army of conscientious workers. The public good has been not in the least influenced by some of the most brilliant discoveries. But the favor with which they have been met by the profession has determined their usefulness.

Although Harvey submitted his theory of the circulation of the blood to fifteen years of proofs and counter-proofs of every kind, and although one later says of him, "So much care and circumspection in research for truth, so much modesty and firmness in its demonstration, so much clearness and method in the development of his ideas should have prepossessed every one in favor of the theory of Harvey," yet, on the contrary, his true theory caused a general stupefaction in the medical world, and excited a tremendous controversy that continued more than twenty-five years, including every one possessed of any pretention to knowledge of anatomy or physiology.

The first word of advice given on vaccination by the great John Hunter, in response to a query by his equal Edward Jenner, should have engendered and energized a tendency that could have no shadow of successful combat, when he replied, "Do not think, investigate." But this was not noticed and the intrepid William Douglas said in rebuttal to Dr. Boylston's famous vaccinations in Boston, "It is too new," and thus created a cold current in the profession that has blasted many lives and has drifted down to the present day the vulgar opposition to vaccination

with which we are all too familiar; an opposition still based on fanaticism and ignorance, though now rarely fierce, being largely free from the formerly dominant superstition. This was a great problem introduced in unselfishness for the common good, but rendered by the profession in lengthy solution in order to minimize for selfish purposes the value of the find.

It is a sincere pleasure to realize that the spirit of not merely thinking, but of investigating is at last recognized and is abroad in the land. No one is now credited in medicine or in surgery with what he thinks, but with what he has found.

On the other hand, as a valuable example, let us show one important advance in which there was not intermingled strong opposition. Let us review the publication of aether as an anaesthetic and note how quickly and how completely its value was endorsed by the profession and how confidently its usefulness was enjoyed by the public. The success of the operations of Dr. Warren and Dr. Hayward, while the patients were under the influence of this anaesthetic, was so complete and satisfactory as to give applause of not only the eminent operators and surgical staff of the hospital, but of the entire medical fraternity of Boston. The Massachusetts General Hospital at once became a luminous center, ushering in the dawn of the new era in the practice of surgery. Scarcely a half year passed before its rays illuminated every hospital in the capitals of this country and Europe, and anaesthesia in the practice of surgery was universally acknowledged as the greatest and most beneficent discovery in the annals of science.

While it is true that there is to-day a laudable tendency to philanthropic and fraternal combination into true brotherhood, yet there seems still to remain at times and especially in certain localities, at least an undercurrent, a second nature of jealousy and of combat. This is due to misunderstanding, prejudice, jealousy or other complete dislocations of one or both members into a depravity of deserved contempt. The feeling of faithful brotherhood for those working in a noble and philanthropic profession cannot allow misunderstandings to go misunderstood. Jealousy, prejudice and other strife cannot much longer disgrace the honorable name of the profession of medicine. These belong to the class we shall finally review—the quack, the fraud, the impostor, the seeker after self gain at the expense of public comfort.

For several years our friends, the pharmacists, have been displaying before us inducements to enter again into the old ways of giving much and many medicines. They have so completely cloaked even the most nauseous remedies that the fear grows that we may return to that state of polypharmacy, the emancipation from which has been the sole gift of Hahneman and his followers to the race.

I examined one prescription of a reputed poly-prescriber and found forty-two distinct drugs combined into one dose; but I fear not a single remedy, for drugs are not remedies unless properly timed to the disease in question. And likely the greatest reason the prescriber had for incorporating the liberal number was his fear of missing a remedy. This is what is known to the more scientific in our profession as a pop-gun prescription which is intended

to hit the disease, but which is really much more apt to hit the patient instead.

And working along with the druggist is the patent medicine man with his advertisements influencing the public while his real partner works his magic language, called a *spiel*, on the profession in the interest of proprietary medicine until it is almost impossible to remember or recognize the elements of our *materia medica* and *pharmacopoea*. No wonder that from forty to sixty per cent. of prescriptions, varying in different localities, contain proprietary and other unknown constituents.

We must return as we are returning to our early teaching of the nature of individual drugs and medicinal principles. We are learning that the time consumed investigating the ever changing proprietaries would easily give us a liberal education on our principal substances used as medicines.

This proprietary medicine complication is a potent factor in causing even good thinkers to conclude that the subject of medicine is getting too broad for the comprehension of one mind, and that the division into multiple specialties is necessary. But it has been well said that he who flies to the other man in the laboratory for a solution of every problem presented in his practice soon becomes to be dependent and neglectful, to distrust his observations, and finally to undervalue all clinical observations. So we shall not lean on others to the weakening of our own powers of reasoning and observation.

The truth is the problems of medicine are becoming more simple every day. Formerly it was impossible to carry in mind the great number of vague statements to be recognized with-

out reason. Now we pass naturally along from a known cause to a certain effect, and easily, because we have learned well from the dissecting hall, the physiological laboratory and the test tube the broad and accurate principles upon which these and many other physical facts rest.

Really, it is easy to grasp mentally the entire field of medicine and of surgery, now that only a definite number of established principles must be well known. To know properly many of the most important diseases one must be familiar with their manifestation in, various organs and locations of the body. This necessity is a handicap to specialism. The patient wants in his doctor the same thing he must have in his jeweler. The ability to look through and to put the machinery in order. He cares nothing, because he is profited nothing, if all is known about the mere construction and function of the main spring or of the heart if such functions and relations of functions as are necessary for perfect repair be not known.

So the time has come when we must and when our patients will demand that we know the complete principles upon which we drug them, compelling us to know the names, composition and action of every drug that is introduced into the household. I have never had a better lesson than one given early in my career, when an evidently sceptical patient quizzed me thoroughly on the contents of every package that I had directed for him. The experience revealed to me that more of this would do us good. The only fear is that the discovery of so little learning might be a dangerous thing.

The spirit of the day, the great commercial spirit, it is feared, is taking

hold upon our profession. One sets up a financial god and calls it success. With such an ideal before him he begins by making the shortest possible cut to knowledge. He often starts in practice as a specialist and wants to be known at once as such. He is familiar with the fact that advertisement is the secret of success in modern business. And that shrewd advertisement may bring business in medicine as well as in trade, the success of the numerous *charlatans* bears witness. But he does not wish to become an advertising quack and really see his card in the morning paper. He adopts other devices. He advertises himself to his friends and acquaintances. He cultivates the acquaintance of the newspaper reporter, and soon his name finds its way often into the public press. He is interviewed in regard to prevailing epidemic, or he is credited with performing some remarkable and terrific operation, or with some new ideas on the treatment of cancer or tuberculosis. His written contributions to medical literature are apt to take the form of citation of cases in which the newest remedy has been used; whose real purpose is to exploit the remedy and the doctor at the same time. There are other and innumerable ways in which the advertising doctor seeks to advance himself.

There are still being produced some grafters on the members of their own profession. This is the man that openly declares that he is in medicine for what he can get out of it. In every transaction he adopts the politician's anxious query, "Where do I come in?" His methods are well known to the consultant, and the surgeon. He is a scalper. He visits the specialist, the surgeon or the consultant, ostensibly in behalf of his patient, and lets it be known

that he expects the usual percentage of the fee, in case the patient can be persuaded, intimating at the same time that if this is made satisfactory he will need consultation in the case of other patients and has other work which he can turn over to the surgeon. Medical grafters of this type, I am glad to say, are not numerous and cannot easily multiply, for those who have enough education, sense and honor to be respected as consultants will not foster such a scheme. There are quacks and impositors upon the public and upon the profession. See if these men take any hand in the marvelous advances of any age.

The great advance made in the practice of medicine and surgery in the last century has come because of the heroic labors of men working in pathologic and bacteriologic laboratories, delving for causes of disease and its remedies; because of men working in hospitals and at the bedside of private patients studying the clinical aspect for disease and how best they are prevented and controlled; because of men working in pharmaceutical laboratories searching for the best forms of drugs and their most useful and active ingredients.

There are some problems peculiarly applicable to North Carolina medicine.

There is a broad and just now a very inviting field for professional advancement and usefulness on the side of our profession usually known as that of general medicine. Since the advent of the new era in surgery, which has given such satisfactory and admirable results there has been something of a dearth in really the larger field of the medical science. Many not working in the new field of surgery have stood rather aghast in observation and admiration

of the splendid results of the few workers in this charming method of relief. So a friend having large clinical opportunities in general medicine lamented that he had been so unfortunately situated as to miss the opportunity in his profession. He did not, as we all do not, realize the presence of opportunity in his daily surroundings which are far superior to those of the "Father of American Surgery."

The subject of medical diagnosis is one worthy of the entire time and consideration of any practitioner in our state, yet little attention except that spent upon tuberculosis has been given this absolute essential to both successful therapeutics and successful surgery.

As a type of scientific diagnosis allow me to mention that of the ability of Dr. J. B. Murphy to refer to a prognosis of death recently given a robust man who had merely experienced two slight chills following an unsuspecting tooth extraction. But these facts connected with a history of pneumonia fifteen years previously gave a clue to evidence that led to inevitable death. Perhaps a more restful diagnosis would be one admitting a prognosis the opposite of the above. This has been seen in the description before operation of the *size* and *shape* of the stone about to be removed from the gall ducts.

Our advancement in surgery has been great but still lacks the essential aid of accurate diagnosis. How to operate is much better known than the more essential element when to operate. One of our most worthy surgeons has formulated and has often but not sufficiently repeated the statement that "Because an operation can be done is no reason it should be done." On account of the presence and work of such principles

as these the reforms in our hospitals appear almost visionary. The former synonym of a place of inevitable death is transformed into a place for the reigning of perfect health.

The problem of the education of her young men, inclined to the profession, ranks first in importance and apparently last in effort of solution. Here in North Carolina it must be from the farm, the shop and the store through preliminary education that competent physicians are to be developed and matured. There are at present two apparent reasons for our impediment but only one real cause, the lack of public support to higher standards. Many years ago when physicians were few the standard was low but the people were glad to have some one, be he ever so humble, within possible reach. Later when the number as well as the irregular element so increased in the community as to become annoying and dangerous to the public health the people called upon their representatives in the legislature to give them relief. The voice of the people was heard and the higher standard almost cleared the field of incompetents, irregulars and quacks.

Just now the standards and requirements set by the public are very crude, low, inconsistent and entirely unreasonable. Proof of this is plainly enough seen in review of the fact that the requirement for the general education of the trained nurse is a little higher than that of the aspiring physician under whose direction she must work.

There are those, and they are rather many, who think it makes no difference whether one calls himself doctor or whether he is so appelled by others. Some think that a patent medicine that speaks positively of ours is more to be

trusted than the true physician who examines laboriously and long before stating his opinion. Some, indeed, still think that it is the sign of an apt fellow to be able to tell the whole story at first sight or from acquaintance of some relative or even of some closely associated friend.

So the people, like other moving bodies, are inclined to vacillate, and we must recognize that they are partly helpless, the most intelligent layman often displaying a pitiful and disastrous lack of judgment in choosing medical advice. They must trust largely to appearances, and even the most incompetent practitioner usually manages to conceal his defects and to make a fine outward appearance.

So with the human hunger for being hubbugged the people through our last legislature got together and spoke out in emphatic but surely embarrassing tones for a return to that annoying and dangerous condition from which they first sought legislative relief, and would not patiently listen to reasonable and very conservative plans for the further improvement of our profession. And thus we are rotated back to the point of our beginning so far as legislative support goes.

With reasonable and non vacillating support of our people our medical institutions would soon become endowed, our entrance requirements into the study of medicine would be perfected and our own young men would be educated at home in a scientific and practical way which would be a satisfaction and a just pride to our state.

Mr. President and Members of the North Carolina Medical Society:

The subject to which I wish to call your attention is "The Treatment of Lobar Pneumonia." As this is a subject on which volumes have been written with a great diversity of opinion among the medical profession, I wish it distinctly understood that it is not my intention to introduce anything new in the way of treatment, and I desire only to call your attention to the modification of some of the tried and true remedies that have given me almost universal satisfaction in the treatment of this, our most dreaded disease.

In order that I may more thoroughly explain this treatment I will report a recent case, with the treatment in detail:

April 25th, 1907. I was called to Mr. T., age 45 years, sailor by occupation. This man, with the exception of two previous attacks of pneumonia, had been in excellent health all his life. On examination I found a typical case of Lobar Pneumonia, with a temperature of 105 and all other symptoms accompanying same. After instructing the nurse in regard to the sanitary care of the patient I ordered for nourishment, milk $\bar{\text{z}}$ iv. q hours (4) four, beef and chicken broth $\bar{\text{z}}$ iv. q. hours, (4) four, alternating with milk, cold water ad libitum.

I immediately applied a fly blister 4x4 in. over the right lung at the seat of an agonizing pain, and instructed the nurse to let same remain for about 7 or 8 hours, after which time to remove and apply a warm poultice.

I ordered as medicine calomel and soda aa gr. i every half hour until ten (10) gr. had been taken, to be fol-

lowed in two (2) hours by phosphate of soda ss q. hours, two (2) until bowels acted freely, after which he was to have strychnine gr. i-60 q. hours, (4) four, quinine sulphate gr. v q. hours, (4) four, beechwood creosote v . in wine glass of milk q. hours, four (4), quinine and strychnine alternating, creosote to be given with strychnine.

At my second visit, April 26th, I found a temperature of 103, respiration 25, pulse 120. The blister had filled nicely, with perfect relief from pain. I dressed the blister and continued treatment as on previous day.

April 27th, temperature 102, pulse 100. Ordered two (2) Lactic pills to be given that night, and two (2) each night thereafter when bowels failed to act during 24 hours.

April 28th. Practically no change from the day before.

April 29th. I noticed the heart slightly weaker, ordered strychnine increased to gr. i-30 .

April 30. Pulse satisfactory, other symptoms the same as previous day.

May 1st. Patient seemed to have some difficulty with expectoration. Ordered creosote increased to x . with whiskey ss q. hours (4).

May 2nd. Temperature was not above 102, pulse 100, expectoration free and easy. Continued treatment as above.

May 3rd. I found patient with temperature 98, pulse 100 and expressed himself as feeling fine. At this visit I discontinued all treatment except strychnine gr. i-30 q. hours (4). Liquid nourishment as before, with addition of soft boiled eggs, toast and rare beef.

On May 6th I discontinued all medicine, put patient on full diet, on which he made a complete recovery.

In conclusion I wish to respectfully call your attention to the use of both creosote and quinine in the treatment of pneumonia, but I wish it understood that the above treatment is not a routine practice in all cases of pneumonia, but I do use the above mentioned drugs in all cases where there is no special idiosyncrasy. Other than the use of the drugs in question keep all the excretory organs functioning properly, nourish our patient, and support his strength with much drugs and mechanical appliances as we consider the particular case demands.

I would like to say here that for our heart stimulants we depend mostly upon strychnine nitrate, and whiskey given to their full physiological effects should the occasion require.

Now, gentlemen, I have stated in the beginning of this paper, we do not intend this as an exhaustive treatise of pneumonia, but only a brief mention of a few remedies that have given us satisfactory results. We earnestly request, if there be another member present who has had any experience with the drugs above mentioned in the treatment of pneumonia, that he will now give some for the benefit of the members of this Society, and to any of us who have not had any experience with this line of treatment you can do me no greater favor than to give this paper a thorough practical discussion.

Scopolamine—Its Origin, Uses and Therapy.

(By DR. K. P. BONNER, Morehead City, N.C.)

In selecting this drug as a subject, I realize that I am treading on shaky ground, on account of the numerous discussions which have been published

about the action and chemical composition of Scopolamine. In fact, in reading the numerous articles of different observers, I find that no two agree in the entirety on the action of it. The most disputed point is its action on the heart, although there is a great dispute as to its action on the nervous system. Some observers claim that chemically it is identical with hyoscyne and even go so far as to claim an identical physiological action.

So, in bringing this drug to your notice I shall be governed by my own observations of its actions, and leave you to take them for what they are worth.

Origin—Scopolamine is one of the alkaloids of Scopolia, which is the dried rhizome of *Scopolia carniolica*, a perennial plant growing in Southern Europe. The official form of it is the hydrobromide, and the chemical formula $C_{17}H_{21}NO_4Br$. Scopolamine was first isolated and discovered by Schmidt. Schneiderlin was the first to use it—in May, 1890. It was first used in obstetrics by Von Steinbeuchel in 1901.

This drug occurs in white crystals. The dose varies from gr. 1-600 to 1-60.

ACTION.

Externally—On skin, in solutions, has little if any action, and what it has is slightly local anaesthetic.

On mucous membranes it has slight if any action. Little is absorbed if any.

Circulatory—In medicinal doses the action seems variable, but in the majority of the cases the pulse is quickened, but the pulse may fluctuate within reasonable limits so far as the rate is concerned. After a dose of gr. 1-100, one patient may have a steady rise of rate of pulse from 80 to 100 or 110, and it may then fluctuate from 110 to 95 per minute. Another may have no accelera-

tion of pulse at all; while another patient's pulse may fall from 100 to 80 or normal when the drug takes effect. From what I have observed about the drug this action varies within reasonably narrow limits. The fluctuations are not enough to be of any danger. Dr. Gauss, Asst. Director of the University Woman's Clinic at Freiburg, Germany has probably had more experience with this drug than any living man, and he states that he uses it in all cases that present themselves and has used the drug on a great many women who had valvular disease of the heart and has never had a death from the use of it.

While the pulse rate is, as a rule, quickened, the tension is lowered or practically the same, which condition is readily understood from the fact that it is a vaso dilator. Which fact is proven by a flushing of the face. This may be the cause of the quickened pulse, due to the removal, in part, of the "visa-fronte."

By what way, the pulse rate is quickened I am unable to say. In all probability it is due to a depression of the inhibitory nerves and a stimulation of the accelerators. So far as I know personally, it may be due to either one or the other. On the vessels themselves we can readily see that through its vaso dilator action the vaso dilator nerves are stimulated and the vessels become larger and capillaries as well.

Respiratory—Medicinal doses do not effect the respiratory system at all except to regulate it.

Muscles—It causes a slight hardening of abdominal muscles—otherwise I can find no action that it has.

Alimentary Canal—Does not seem to effect it at all.

Secretion—It does not seem to effect

any of the secretions except that it causes a drying of the mucous membrane of the mouth and throat.

Eye—It is a mydriatic, but acts slowly in this—sometimes not at all.

Nervous System—It's action on the brain seems to me to be that of a cerebral sedative, but feebly so. Probably, the most peculiar action of all is that of it's selective action on the centre of memory. A patient remembers nothing that transpires after getting the full effect of the drug, until the effect leaves. Although, all during the action of it, the slightest sound or touch may awaken them, or at any rate loud talking or shaking can awaken even when the patient is deeply under the effects of the drug. When awakened, the patient can carry on an intelligent conversation, talk sensibly, and seemingly be perfectly conscious; but will not remember one minute what was said to them or they said to you the last minute, and if left quiet will drop off in a light sleep again, or what is known in Germany as the "Daemmerschlaf" or "Twilight Sleep."

On the Spinal Cord—Scopolamine seems to have a more powerful action on the motor nerves than the sensory. However, it is a depressant to both, but very much more so to the motor nerves. That it is a sensory depressant is proven by the fact that when the patient is under the full influence of the drug there is no great notice taken of a slight pinch or pin-prick. That it has no powerful action as a sensory depressant is proven by the fact that the patient will complain of the pain, if they had any on going to sleep, when awakened by shaking or loud talking, if asked about it. As a proof that Scopolamine is a powerful motor depressant, a pa-

tient complains of being unable to move themselves when under the influence of it.

Untoward Effects—These consist largely of mental excitement, delirium, exaggerated reflexes and great restlessness. Hallucinations of sight and hearing may occur. There may be conversations carried on with imaginary persons. These are usually caused by administration of too large doses. I have never seen but one case of such unpleasant effects and after such symptoms had lasted about an hour or an hour and half, the patient quieted down and enjoyed a refreshing sleep and on the next morning remembered nothing of the effects and claimed to feel well—better than she had felt in several days, as she had been suffering with asthma for two days prior to this time. Her asthma, by the way, was gone. These untoward effects were caused by the administration of gr. 1-125 of Scopolamine.

Disadvantages—Besides the untoward effects dependent upon too full doses, I find that in some cases the extreme dryness of the throat and mouth is a disadvantage; but this can easily be remedied by giving water a plenty. Another disadvantage is that it does not have a more powerful action on the sensory nerves; but the action on the centre of memory compensates for this.

Advantages—An account of it's general anaesthetic action it is much preferable to chloroform or ether, in that it does not have to be administered practically continuously and that it does not require watching. Even when one or the other is required in addition to Scopolamine, it takes so small an amount that it practically eliminates all danger from general anaesthesia. The

after effects are none; while chloroform or ether have great nausea and vomiting with its train of symptoms. Furthermore, Scopolamine eliminates post-operative pain by the fact that the patient gradually comes out from under the influence of it—sometimes being as long as 24 hours before the effect has entirely left.

Its advantage over hyoscine is that it is much more powerful from the fact that hyoscine is not as great a motor depressant or a cerebral sedative. Its action on the centre of memory is more powerful. I have proven this in one particular case, namely: in the same patient with the same disease I used gr. 1-100 of each drug at different times. At the time that I used hyoscine the patient had no appreciable effect of the drug; while on the other hand when I used the Scopolamine in 15 minutes after administering the drug I had the full effect practically.

For relieving pain, it has a great advantage over morphine in that it does not produce the "dopy" effect of great stupor. There are no unpleasant after-effects with Scopolamine; on the other hand morphine has numerous such symptoms, namely: nausea and vomiting, a feeling of malaise, lack of appetite as well as torpid bowels. It has not the great habit forming properties of morphine.

Method of Administration—The consensus of opinion seems to be that it is better to use just a little morphine sulphate with Scopolamine, as it seems to re-inforce the action of the drug, in other words to make strong the weak points, namely: to cause a more powerful action of a cerebral sedative and to depress the sensory nerves more. Usual-

ly from gr. 1-8 to 1-6 is sufficient for this purpose.

In a given condition if there is time enough, the usual method of administering is to give in all gr. 1-75 if necessary, but to have this amount divided into 3 parts. Each part to be given hypodermically and repeated not oftener than every hour until the drug takes effect or the 3 doses have been given. With the first injection combine from gr. 1-8 to 1-6 of morphine and do not repeat. A very convenient method of getting an exact dosage is to dissolve a given amount into distilled or sterile water so that 15 or 20 minims will equal a given amount, for instance gr. 1-200.

This constitutes the German method of using Scopolamine in a brief descriptive way. In other words, the object is to use small doses repeated every hour until the required effect is produced.

Another quicker method is to use as much as gr. 1-100 and gr. 1-6 of morphine in a single injection and to wait an hour to see what the effect will be and if necessary, to repeat with a minute dose to get the desired results. The second is usually not required. Scopolamine begins to take effect in about 15 or 20 minutes and this can be discerned by the patient becoming quieter and dozing off to sleep, the breathing is quieter, and the pulse rate becomes accelerated—usually, rising to 90 or 100 with a full pulse. When asked how they feel they, usually, reply that they have a drunken feeling. Undoubtedly, the best sign that can be taken as an index to the effect of Scopolamine is the "memory test." Objects, different at each time, are shown the patient and when he or she is unable to name the

last shown, we may know that the full effect of the drug is obtained. One great fault in not getting good results with Scopolamine is that a great many take too little of it and as a consequence the patient is excitable. This is fully as much a cause of poor success as in using too much.

Therapy—Scopolamine is indicated wherever a general anesthetic, antispasmodic, somnifacient, analgesic, hypnotic, narcotic, anodyne, or anticonvulsant is needed. Its field of greatest usefulness seems to be in obstetrics. To my mind, it is an ideal obstetrical anæsthesia. Dr. Gause of the Freiburg Woman's Clinic in Germany has, probably, had the most extensive experience with the drug in such cases of any living man. He reports 1000 deliveries without a single death, with a great reduction of the numerous complications incident to labor, and a great reduction of infant mortality.

I have used this drug in a number of cases with uniformly good results and will cite briefly four cases to give some idea of its action and leave you to judge its efficiency.

Case 1—A woman of very nervous temperament. The case in question was her second confinement. Was called at about 7:30 P. M. and after making an examination, found the os well dilated with the head advancing. Pains were close together and severe and she was making a great outcry. I immediately administered Scopolamine gr. 1-100 and in 15 minutes the lady had the full effect of the drug and although the pains were as severe and lasted just as long, she made no outcry, but bore down with her pains. She was delivered at 9:30 P. M. and dropped off to sleep from which she did not awaken

until 4:00 the next morning. On awakening inquired if her baby was born. During pregnancy her dread of the labor was almost morbid.

Case 2—A woman of exceedingly nervous temperament. Had had hard times in her previous confinements. Was called at 9:00 A. M. When I reached the house I found that her pains were severe and close together and her outcry was almost alarming the neighborhood, so severe was her pains. After making an examination I found the os well dilated and the head advancing. Gave Scopolamine gr. 1-100 and in 15 minutes she was resting nicely and when her pains came on did not cry out but bore down to them with a renewed confidence. At 11:00 A. M. she was delivered of 10 1-2 pound boy and knew nothing of her suffering or delivery until she awoke at 4:00 P. M. and inquired if "All was over."

Case 3—This case is of peculiar interest in several respects. This was the lady's sixth confinement. In all of them, prior to this time, she had never had a normal labor, having been delivered by forceps in nearly all cases and had had puerperal convulsions in all of them. Was called about 7:30 P. M., labor was just beginning, so I contented myself with preparing. About 12:00 that night she began to complain of every thing being dark and seeing people who were not then accompanied by slight spasmodic seizures. Although the os was only dilated about the size of a quarter, I gave gr. 1-100 of Scopolamine and in 15 minutes she was dozing and resting quietly except when the pain would come on and then not make any great outcry. At 5:00 A. M. she was delivered of a 14 1-4 pounds girl baby. I am satisfied that this lady

would have had eclamptic convulsions but for the drug. The pain would have been almost unbearable with such a size child and nothing to relieve. As it was, she went off to sleep after the labor was over and told me afterward that she knew nothing of her labor.

Case 4—This lady had given birth to one child prior to this one but had had severe puerperal convulsions. About 5 days previous to the labor in question, I was called to her about 1:00 A. M. and found her in severe convulsions, I used a small quantity of chloroform to relax the spasms and immediately administered Scopolamine gr. 1-100 and morphine sulphate gr. 1-6. In 15 minutes I withdrew the chloroform and her convulsions did not return. Five days later was called in a great hurry about 8:00 P. M., when I reached the house the "old woman" told me that the waters had broken suddenly while she was sitting up and that "something was wrong." Making quick preparations and giving a little chloroform to quiet and ease the patient (for she was in extreme pain), I found a breech presentation, the feet and legs having been already born. I administered at once Scopolamine gr. 1-100 and morphine gr. 1-6 which soon took effect. With help, the child was born at 9:30 P. M. It was a still birth, showing signs of maceration, as the skin slipped off, wherever touched. The child had evidently been dead for some time. Pregnancy had gone on for about 7 months.

One caution to be observed is not to administer Scopolamine until the first stage of labor is well advanced, in other words—the os is fairly well dilated and the contractions of the uterus begin to be severe, of long duration and close together. Otherwise, it is my opinion

that labor will be somewhat prolonged, although numbers of eminent physicians believe and advise differently.

Probably, the next most important therapeutic indication for Scopolamine is in the surgical field. Its advantages are that in a large number of the cases, chloroform or ether is not required; and if required at all, only a small amount is necessary. It can be used in cases where chloroform or ether cannot.

Korff reports over 400 cases without accident. Bloss of Carlsruhe used it in 105 cases, the majority of which the effects and results were ideal. Many other eminent surgeons have used and are using Scopolamine with equally good success. When I say surgery, I do not mean minor surgery; but the most important major surgery. My experience with Scopolamine in this connection is very limited, however I will cite briefly one case. I removed a 38-caliber bullet under this anaesthesia with as good results as a person could wish.

Besides these two great indications, Scopolamine has a wide field of usefulness. It is indicated in almost any condition where great pain exists. In fact, I have largely replaced morphine with this drug, but, as general rule, use a small quantity of morphia to enhance its action. It is applicable in such conditions as hepatic, renal, and intestinal colics, ovaritis, obstructive dysmenorrhoea, inflammatory rheumatism, trifacial neuralgia, nervousness, and hysteria. It is useful in certain spasmodic conditions such as asthma, hysterical convulsions, and eclamptic convulsions.

In closing this paper, I shall be satisfied if I have added anything to your knowledge of this drug, or will cause

any of you to use it in such conditions as I have named. At any rate I am sure that you will be more than satisfied with the result obtained.

Remarks on Railroad Surgery.

(By DR. J. M. PARROTT, Kinston.)

To my mind the most important general fact in railroad surgery to be remembered, is that it is in a class to itself, and is a special branch of surgery. The railroad surgeon who realizes this succeeds best. General surgical principles, for example, Asepsis, etc., apply. So they do to ophthalmic surgery, the minutiae of eye surgery places it in a class to itself, as they do with railroad surgery.

To be sure a simple fracture is a general surgical lesion and is to be treated in the same manner regardless of its causative factor, but these simple general surgical injuries form but a small part of the railroad surgeon's work.

A contusion produced by heavy machinery is often more destructive ultimately, than one caused by a lighter implement. Shock to the trophic nerves, while not apparent at times, microscopically is generally causative of a destructive gangrene, which may necessitate an amputation, or other extensive surgical works.

Several years ago I was called to attend Mr. A., a young man whose tarsus had been contused in a railroad accident. The injury on casual inspection seemed to be rather simple and superficial, close examination revealed dislocation and fracture of two tarsal bones, and apparently not very much injury to the soft parts. It did not occur to me that there was the least danger of the loss of the limb, in a few days, however, gangrene and other

symptoms developed which necessitated the removal of the limb, in this case, while there was a decided infection, all ultimate danger could not be explained by this. Without doubt, shock to the immediate tissues, destroying the forms of the cells, played a most important role.

We have noted time and again the fact that contused wounds were though but slightly lacerated suppurate more freely than incised ones. So in this case and for the reason mentioned, solutions which are too strong have sometimes a destructive effect on the tissues.

While thus developed, so to speak, the tissues resist infection but feebly, if at all and it is particularly important that the local circulation be kept at its best and the most rigid asepsis practiced. To accomplish this end the local circulation must be encouraged by limb elevation thorough and complete enveloping the extremity in large amounts of absorbant cotton, to promote warmth, rather loose bandaging, systemic stimulants and tonics and the free use of large quantities of hot sterile water maintaining a minimum amount of chemicals (antiseptics).

In all contusions, even though apparently simple, the utmost precaution should be exercised along the lines suggested, that infection be prevented and an early and prompt restoration of tissues to their normal condition. The wise surgeon will watch all railroad contusions carefully, and will exercise the utmost and especial precaution to prevent infection and to encourage local nutrition.

Not only do local shocks lower the vitality of tissue immediate to the injury but often times produces nerve manifestations of a general and clear

character. Injuries of this kind are oftentimes followed by prolonged and aggravating neurotic symptoms.

Sometime ago I was called to see Mr. B., who was thrown from a hand car. He sustained a fracture (simple), of two ribs and sprained ankle and an apparently slight contusion of the back. The first two injuries yielded to treatment promptly, severe pain continued in the lumbar region and ere long the patient developed a pronounced train of symptoms usually classed under the caption traumatic neurasthenia. A prolonged rest treatment together with massage, etc., will effect a cure as they have done in many other cases. The mind of these patients plays an important role in the disease and is in my opinion, in many cases, somewhat at fault. It is absurd to say these are malingerers or hysterics. They are not, and can only be completely cured when they are taught to forget themselves.

The prognosis in railroad injury to the spine or vertebral region should always be guarded and all such cases should be handled with the utmost care.

The management of shock in railroad injuries, taxes the skill of the surgeon. Stimulation should be systematic and must not be overdone, heat and rest are important and the general surgical rules governing such cases should prevail, especial care being exercised to guard against re-action. My personal experience has led me to condemn digitalis in such cases and I am not very fond of using the vasodilators, such as nitroglycerine, except in rare instances where especially indicated by the given symptoms. I prefer the simple nerve stimulants and those which have especial action on the heart fibres and gan-

glia. The vaso-constrictors put extra work on an already shock weakened heart and the vaso-dilators nerves, if such there be, one usually over stimulated in shock, and hence there is no need for further stimulation. I prefer ammonia, strychnine, atropine, heat and of all the most important, rest, in the treatment of railroad shock.

The question when to amputate and where has perplexed the profession for time. For my part, when in doubt, I did not amputate, so that the puzzling question with me is when to be in doubt. This must be answered at the bedside after considering all the points in the individual, and it cannot be settled in a didactic or in a general way.

One should never be in too great a hurry to amputate. Where to amputate cannot be determined except by the condition of the individual case and as in answering, when, the patient should be given the benefit of the doubt.

Drainage is an important and ever recurring proposition in railroad surgery. Almost every case requires more or less. The majority of injuries occurs to those who are already soiled with dirt and grease. This renders aseptic preparation of the parts very difficult, even under the most favorable circumstances. A drain is preferable to all others and should be removed as early as possible, the time for removal being judged by local and general conditions. When in doubt, drain temporarily, loosely, but thickly applied temporary dressings should be used more frequently than is sometimes done. This renders frequent inspection easy, and promotes drainage.

In preparing a lacerated contused wound, covered with oil and grease, large quantities of water containing po-

tash soap cannot be improved upon, in fact for cleansing purposes it is indispensable. It should precede bichloride. Strong solutions of anti-septics should best not be used. Above all, especially carbolic acid, increases the danger of the local infection in tissue, already greatly devitalized. A word of warning along this line is needed. In conclusion permit me to say that emergency drugs should be provided and kept on all trains along the lines as employed in the field by the soldiers, but modified to meet the demands of the railroad surgeon. It would be beneficial if engineers, flagmen, brakemen and conductors were instructed in the simple rules governing the management of the injured, transportation the care of the wounds, temporarily and especially impressed with what to do.

The Routine Treatment of Gonorrhoea with Acetozone.

(By D. H. ANDERSON, M. D.)

Although Acetozone, chemically known as benzoyl-acetyl peroxide, has been chiefly used in the treatment of enteric infections, its adaption to urethral infections has seemed to me to be perfectly rational, since Acetozone is a peroxide undergoing hydrolysis with water, setting free simpler compounds which develop a powerful germicidal activity, yet being harmless to tissues.

I always make an examination of the urine for threads of mucus, and also a microscopic examination of the sediment for the possible presence of pus cells, which if found, are stained with Leffler's methylene blue and Gram's reaction, applied to determine the presence of the gonococci; this is always done during the course of the physical

examination. If there be an urethral discharge, I invariably make a microscopic examination of this.

After I have made a diagnosis of gonorrhoea, I always try to have the patient report daily at my office for treatment, believing that better results can be obtained from a careful, close and frequent personal care than in any other way. The patient is placed in a semi-prone position on my table and urethral irrigations made with a solution of Acetozone prepared with warm water. The irrigator is raised slightly, as a rule about 18 inches above the level of the patient's abdomen, and the irrigation is made slowly and carefully, using a specially prepared blunt glass bougie point, of which I have a stock, boiled and kept in 1-2 per cent. solution of carbolic acid.

I always keep the bowels loose by beginning by treatment with a dose of calomel followed up with some of the saline laxatives. For the purpose of sterilizing as far as possible the urinary tract from the kidneys down, I prescribe 20 grains of uritone (hexamethylene tetramine) in divided doses of five grains each. The destructive physically debilitating effects of purulent processes in the vicinity of the bladder and urethra frequently lead to disagreeable complications and for the purpose of rendering the urine as sterile as possible and to prevent subsequent complications, I know of no better agent than uritone. I also recommend that an abundance of water be taken to dilute the urine and to facilitate the treatment.

I furnish my patients with three or four ounces of a solution of Acetozone in a wide-necked bottle, which is to be applied at home by means of a small

piston syringe provided with a blunt soft-rubber point. I instruct the patient carefully regarding these injections and administer the first one myself. The injections should be given slowly, and carefully, not forced in rapidly, as is so often the case. I have a two-fold reason for this: that I do not want any pus cells and gonococci to be forced higher up into the urethra; and also, I desire that the solution of Acetozone be kept in contact with the infected area as long as possible.

I point to the following ten clinical histories which I believe will clearly show the value of the treatment which I have been using:

Case I—Mr. E. W. H., aged 31 years, unmarried, bartender, had chancre and gonorrhoea five years ago. History was negative until February 9th, 1907, when discharge appeared, with considerable pain on urination. A diagnosis of gonorrhoea was made.

The treatment consisted of a 1-2000 irrigation of Acetozone every other night, using two quarts of the solution every time. The same strength solution was used by the patient, with a small syringe, four times a day. He was given uritone capsules, five grains, to be taken four times a day.

He was discharged on the 4th of March, all signs of the discharge having disappeared, and there was no pain on urination.

Case II—Miss E. W., aged 22 years, stenographer, never had any diseases other than those of childhood. On March 21st she noticed considerable pain in urethra. Discharge was brought to view upon "milking." Diagnosis, gonorrhoea.

A urethral irrigation of 1-2000 Acetozone was given every fourth night.

The same solution was used as a vaginal douche twice a day, morning and evening. Uritone in five grain capsules was given four times a day.

The discharge and the burning sensation had entirely disappeared on April 16th.

Case III—Mr. E. F., aged 29 years, married, printer, had gonorrhoea three years ago. There was present a constant urethral discharge, and he complained of intense pain in the urethral tract after urination. The case was diagnosed gonorrhoea and stricture.

The urethra was irrigated with a 1-2000 solution of Acetozone every second night. Patient also used the solution as an injection five or six times a day. Five grains uritone capsules were prescribed to be taken four times a day.

After fourth irrigation the pain and discharge had ceased.

Case IV—Mr. C. H., aged 33 years, married, club manager. He does not remember ever having had a venereal disease. He complained of a slight discharge in the morning. Diagnosis gonorrhoea.

An irrigation of 1-2000 solution of Acetozone was given three times a week. Injections were ordered, 1-2000 Acetozone solution five times daily. A uritone capsule four times daily.

The discharge disappeared entirely after the third treatment.

Case V—Mr. G. B., aged 28 years, married, officer, has had gonorrhoea on and off for the past six years. There was a profuse discharge and considerable loss in weight. Diagnosis, gonorrhoea.

Irrigations of 1-1000 solution of Acetozone every other night. Injections of the same strength solution five times.

a day, and five grains of uritone four times daily.

After two weeks' treatment the discharge was entirely gone.

Case VI—Mr. C. B., aged 29 years, unmarried, butler, had gonorrhoea last year. The discharge would appear at intervals of two or three months and then go away. He was suffering from an attack of this discharge when he sought treatment.

An irrigation of a 1-2000 Acetozone solution was given every third day. Injections of the same solution were ordered three times a day, and a uritone capsule, four times a day.

The discharge disappeared after two weeks treatment.

Case VII—Mr. C. F., aged 27 years, unmarried, shipping clerk, has had gonorrhoea for the past four months. The discharge is most noticeable in the morning.

He received irrigations of Acetozone solution 1-1000 every second day for ten treatments. Injections of Acetozone solution of the same strength four or five times a day. Five grains of uritone four times a day.

The discharge disappeared entirely.

Case VIII—Mrs. M. W., aged 34 years, maid, complained of a discharge and burning sensation upon urination. Diagnosis, gonorrhoea.

Irrigation of 1-2000 Acetozone solution twice a week. Vaginal douche of the same strength solution morning and evening. Uritone capsules, five grains, four times a day.

Pain and discharge ceased after a few treatments.

Case IX—Mrs. P. M., aged 27 years, housewife, has complained of a discharge and warts for two months. Diagnosis, gonorrhoea and venereal warts.

The warts were cauterized, and irrigations of 1-2000 Acetozone solution were given twice a week. Vaginal douches of the same strength solution were ordered to be taken night and morning. Uritone capsules, five grains, four times a day.

Both warts and discharge had disappeared after two weeks' treatment.

Case X—Mr. L. W. E., aged 40 years, married, conductor, stated that he had never had anything the matter with him before. Complained of a discharge each morning. Diagnosis, gonorrhoea.

An irrigation of Acetozone solution 1-2000 twice a week. Injections of the same strength solution three times a day. Five grains of uritone four times a day.

All signs of the discharge gone in ten days.

Summary—None of my cases developed any complications or sequelae. The discharge ceased in every case after comparatively few treatments. As far as I have been able to keep track of the cases, the relief from the symptoms was permanent.

3102 State Street.

Hyperemesis Gravidarum.

(By DR. J. W. NEAL, Monroe, N. C.)

On the border line between physiology and pathology we have the vomiting of pregnancy. The intimate connection of the sympathetic nerve supply of the pelvic viscera with the hypogastric nerve makes any disturbance of any of the pelvic contents quite likely to set up emesis. Especially is this true of the uterus and its adnexia. When pregnancy exists the very active changes that are taking place in and

around the uterus, the increased blood supply, the rapid and constant growth of the uterus with the consequent changes of position and disturbances of the other pelvic organs bring about not only a hypersensitive activity of the uterine nerve supply, but the entire nervous system is thrown into a state of exaggerated susceptibility to both external and internal influences.

The result is that a shock or pathological condition that would pass unnoticed, or be tolerated without the least disturbance in the non-pregnant, in the pregnant may and frequently does set up the most violent, persistent, and uncontrollable vomiting.

The condition is found not solely but largely among the better classes, the well educated and refined, especially among the devotees of fashion. The severer types are rarely found among the laboring classes. In an eighteen year practice in the country we met with it but rarely and only a single severe case, while in six years work in town we have met with it quite frequently, and had six cases of extreme severity in four ladies.

There is no single etiological factor to be found in all cases. The causes are both physiological and pathological. The one physiological cause is the pregnancy, the normal physiological growth of the uterus with its contents and the consequent disturbance of the neighboring parts. The pathological causes are many and Dr. Williams divides them into three groups, *reflex*, *toxaemic* and *neurotic*.

The reflex causes are to be found in the parturient tract and pelvic viscera. The most common are the flexions and versions, and displacements of the uterus, congenital or acquired, metritis,

hard unyielding bands in and about the cervix most especially about the internal os, intestinal disorders, constipation and indigestion.

The toxaemic causes are found in the blood changes brought about by incomplete metabolic processes and the toxins of infections.

The neurotic causes lie in the hysterical character of the patient and show no visible pathological changes. However, we may not assume that none exist. In fact while pregnancy is the exciting cause of the vomiting of pregnancy we very much doubt whether there is ever a vomiting of pregnancy without some underlying pathological cause.

A diagnosis is not always easy. The vomiting is only a symptom and a co-existing pregnancy may not be a causative factor in its production. We recall the instance of a lady who developed nausea and vomiting on rising from the bed in the morning. Pregnancy was suspected but none was found to exist. The nausea and vomiting increased and the lady finally developed a well-marked case of basilar meningitis. A correct diagnosis can be made only by a thorough examination of the uterus and adnexia and all the pelvic contents not only to determine whether a pregnancy exists or not but to find what pathological changes may also exist. Nor should this examination be left as a last resort while tampering with empirical remedies. The cases of toxaemic origin can only be diagnosed by a complete analysis of the urine. When none of these causes are found to exist the case is by inference neurotic.

Prognosis is good in all cases save where there are found grave blood

changes—the toxæmic variety. In these it is always grave. Unfavorable symptoms are excessive albuminuria, very marked and progressive anemia, absolute inability to retain nourishment, a rapid and especially a weak pulse, faint cardiac impulse with sharp distinct second sound, tendency to syncope, a peculiar substernal distress which becomes especially severe at night.

Treatment is hygienic, medicinal and gynecological. The hygienic surroundings should be made as perfect as possible. The apartments should be airy, cheerful and quiet. A trained nurse, kind, yet firm and tactful, is to be desired. A daily bath should be given. The food should be liquid or semi-solid concentrated and nutritious, but easily digested, taken at definite intervals and in definite quantities. Nourishment should be taken at least once or twice during the night. If indigestible foods are really desired they should be allowed only in very small quantities. The morning meal should be taken in bed and digestion allowed to get well under way before any attempt should be made to rise. If the case is at all severe the horizontal position must be maintained absolutely. If food cannot then be retained rectal alimentation should be kept up with peptonized milk and eggs every eight hours.

Coition should be prohibited and all excitement avoided. Medicinally imperative treatment is as unsuccessful and unsatisfactory as it is unscientific and unreasonable. There are no specifics notwithstanding the vaunted virtues of ingluvin and the statement of a noted physician that one-half grain cocaine mur. and three grains camphor—monobromate will invariably control the

vomiting of pregnancy. If there is indigestion or constipation these should receive proper treatment. In the reflex varieties the bromides are frequently serviceable. Opium and belladonna in suppositories have served us well especially in cases attended by excessive ptalsym. Neurotics are successfully treated by suggestion and the rest cure. If the kidneys are not acting well or the urine is loaded with effete material, and in the toxæmic variety especially, retained enemas of normal salt solution will be of great service.

Gynecologically any abnormality found in the parturient tract should receive proper treatment. Flexions should be corrected and the uterus retained by steril gauze tampons saturated with steril vasaline or glycerine if there be much congestion. Cervical catarrh should be treated by applications of saturated tincture of iodine and tampons as above.

Firm unyielding bands in or about the cervix are treated by dilatation.

As the last resort we come to abortion. When the patient has reached the condition in which most of us are willing to consider the question of abortion they have really reached the stage at which abortion is most likely useless. Abortion, if to be considered at all should be considered early. Especially is this true of the toxæmic variety. If the toxæmia is profound and the kidneys are acting poorly a consultation should be called at once, to consider the question of abortion. Other varieties if properly treated probably never demand abortion.

June 1, 1907.

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Anatomical Terminology.

(By CHARLES S. MANGUM, Chapel Hill, N.C.)

I have accepted this opportunity to present to the profession an account of the efforts which have been and are now being made by Anatomists to lighten one of the most unnecessary burdens laid upon the student of medicine and that at the very threshold of his career.

To the practitioner who has seen service, anatomy soon comes to consist of an accurate knowledge only of those things which enter into his individual work or his specialty. All the rest he cheerfully relegates to the past, among the many things he used to know. But to the medical student of the first and second year, descriptive anatomy is an exceedingly serious thing, and often a gruesome burden. He tackles it with all the pluck and enthusiasm which the beginning of one's life work is wont to instill, only to be met and often discouraged by a veritable deluge of names, many of them without meaning or consequence, and very often he fails utterly to appreciate the fundamental facts of structure, arrangement, relation and development of organs because of the enormous effort of memory required to master the mere terminology. Hence, what should be of the most vital interest becomes a dull routine and under such conditions an abiding knowledge of any subject is only a little less than an impossibility. Just here is where we may look for one of the reasons why so many men, failing to see the beauty of the science, representing as it does the very acme of fulfillment of all of nature's wonderful processes of development, look upon anatomy as a sort of necessary evil with which they must be credited with all possible dispatch that

it may be laid aside for other things more in keeping with their intellectual attainments and desires.

The excessive number of names with which the science of anatomy is burdened is a perfectly natural consequence of its great age and its mode of development. Through all the centuries since the days of Vesalius, the "Father of Anatomy," and his, the first treatise on "The Structure of the Human Body," many men in many lands have been engaged in diligent research in this important field. Almost every civilized nation may lay claim to one or more of the great men whose lives and works are identified with the development of this fundamental subject, the corner-stone of medical science. These investigators, widely separated and working independently, gave names as they saw fit to the parts they studied, and as one investigator was often ignorant of the work done by others, the same parts were frequently christened with different names. The authors of text books gradually collected these terms, selecting or rejecting names, or adding new ones with total disregard to what others might say or do.

Hence, it has come about that we have inherited from previous centuries an excess of anatomical terms, and the burden carried by text book, teacher and pupil has grown progressively heavier until, at the present time, a condition approaching chaos has resulted. Many single structures carry double or even multiple names. The same structure is known by different names in different countries, or even in different medical schools, and sometimes two widely different structures will possess the same name. Lieberkuhn's glands in Germany are Galeati's in Italy and the in-

testinal glands, or all three, in America. The Pneumogastric nerve is also the Vagus, as well as the 10th Cranial nerve; the ciliary ganglion is also the ophthalmic and the lenticular; the valvula coli may with equal propriety be addressed as the valvula ileocecalis, the valvula Bauhini, the valvula Tulpil, or the valvula Fallopii. So it goes without end and how may the student be expected to choose!

The need of reform and revision is obvious and this led to the adoption in 1895 by the Anatomical Society at Basle of a list of some 4,500 terms as the most suitable designations for the various parts of the human anatomy which are visible to the naked eye. This list is known as the "Basle Anatomical Nomenclature," or the *B N A* as it is commonly called. Almost any one of the larger text books of gross Anatomy contains as many as 10,000 names, and if the terms contained in all of the standard texts be collected into one list, they would number over 30,000. To reduce this cumbersome list to one of less than 5,000 names was a task requiring patience, skill and untiring labor. The terms are all in correct Latin and were chosen by a special commission, made up of a group of the most distinguished anatomists in the world, working six years at the task of selecting the shortest and simplest available names for the different structures. As a rule, one name is given to each structure and the great mass of synonyms is thus swept away. Very few of the terms are new, the object being not to create a new nomenclature, but only to relieve the present terminology from its inequalities, contradictions and obscurities, thus simplifying the task of both teacher and pupil. Latin terms were

chosen in order to give to the nomenclature an international character, permitting each teacher or investigator to translate them fittingly into his own language. Certain definite principles were adhered to where they did not conflict with the wisdom of selection. These were:

- 1 Each part shall have only one name.
- 2 Each term shall be in Latin and be philologically correct.
- 3 Each term shall be as short and simple as possible.
- 4 Related terms shall, as far as possible, be similar.
- 5 Adjectives, in general, shall be arranged as opposites.

These general principles were disregarded in the case of all terms sanctioned by long clinical usage, as the mitral valve as a synonym for the bicuspid, and in the case of the anatomical terms used in the medical specialties.

No effort is made to limit the terminology in the field of research or of clinical medicine. It is the beginner who needs help, and he who has intrusted to him the duty of instilling into the beginner the interest, enthusiasm and love for his profession which will make the investigation of its wonders a labor of love instead of a cold business proposition. The art of covering ignorance of principles with a blanket of words, a thing so common with little minds, is something that we should teach the student of medicine to shun and not drive him to cultivate.

As usually occurs with all things new, the purpose of which is to reform old and established usages, the *B N A* has met with some adverse criticism from those who do not understand its nature and object.

There is something to be said for the claim that the personal names, which so thickly strew the pages of the text books of Anatomy, have a historical value and encourage the student to become familiar with the lives and works of famous anatomists. This may be true in a certain sense, but it would be interesting to know how many of the men of our generation, who in the dissecting room, clinic or private practice, have handled and talked of Poupart's ligament, have ever connected the structure with the personality of the old French surgeon and anatomist of the 17th century, or have been induced thereby to look up his forgotten history.

Besides, historical injustice is of frequent occurrence in the naming of anatomical structures, the original discoverer being often ignored and the credit given to men who have succeeded them by many years. Many of the names are of men of little consequence or reputation, while Versalius, the pioneer and renowned teacher, has to his credit one very small foramen in the sphenoid bone, which is not even always present, and the name of William Harvey does not appear at all. Surely history which misleads should be condemned. Here, as elsewhere, the commission acted wisely in retaining those personal names sanctioned by long service and usage.

The B N A has met with immediate and wide favor in the United States, having been adopted by many of the best schools. The medical specialists have agreed to accept it so far as it applies in their respective fields. It ap-

pears in most of the recent publications dealing with anatomical subjects, including the new edition of Morris' Text Book of Human Anatomy, now in press. It is a pleasure to note that one of the first books in which it was used in this country was the "Anatomy of the Brain," published in 1900, by Dr. Richard H. Whitehead, than Dean and Professor Anatomy, and Pathology at the University of North Carolina. Dr. Lewellys F. Barker, of Johns Hopkins University, has recently published a little book in which he tabulates and arranges the Latin terms together with the English translations. The book contains also a most interesting historical account, which has made the preparation of this little sketch a very simple task.

It is safe to predict that as the new editions of the standard text books appear the revised nomenclature will grow in popularity and we may expect soon to see it in general use in our medical schools, making lighter the task of the student and teacher and freeing the science of Anatomy from a cumbersome handicap to its growth. It only remains for examining boards to see the common sense of the reform and endorse the B N A and the wished-for relief will be assured. Descriptive Anatomy does not deserve to be called a dry subject. It will reward with much that is alive and interesting the man who approaches it with understanding, and any movement that gives promise of helping the teacher to bring the student to see it in its true light, should be heartily welcomed and should receive the unqualified endorsement of the medical profession.

Clinical Types of Dysmenorrhoea.

(By Hubert Ashley Royster, A. B., M. D., Professor of Gynecology, Medical Department University of North Carolina, Raleigh, N. C.)

As the time is limited, I shall make my remarks as brief as possible. The subject of dysmenorrhoea I have purposely chosen because I wish to impress two things: First—the necessity of classifying our knowledge of this condition, and second, the need for all of us to make more accurate clinical observations. What I shall have to say will be as condensed as possible.

The word "Dysmenorrhoea" literally means "difficult menstruation," but, as we understand it, it includes all those abnormal manifestations of the menstrual period which are accompanied by pain. What we must get into our heads, both in teaching and in practice, is to understand that dysmenorrhoea is not a disease, but a symptom. We also must impress the idea—as one of our great men has said in this country about something else—that "it is a condition, and not a theory that confronts us." The average practitioner is inclined to feel that dysmenorrhoea is either a disease, which has been vividly lectured upon by somebody, or that it does not amount to anything, if it has not been handled at all. The fact that we have to appreciate is that dysmenorrhoea, as related to the female pelvic organs, is like a cough—it is a symptom and a symptom only; back of it is a cause which we must find, or we cannot treat it.

In speaking of the clinical types of dysmenorrhoea, I shall ask you to remember that I am putting these cases in certain classes, and that my summary may not include some rare mani-

festations which you have seen. No knowledge can be of any account unless it is classified, and under certain divisions, which I believe to be correct, we can consider these cases more intelligently. A physician who has before him a case of dysmenorrhoea should study it from these points of view: First, what is the character of the pain? Second, what is the time of the pain, with reference to the flow? Third, when does the pain cease? To know what pathological lesion, if any, is found, we must study the case in this way. If we approach it with this view, we are always going to find out something, whether we get the correct thing or not, and if we keep at it, we will certainly find the cause.

On this basis I have made three divisions of dysmenorrhoea. The first of these is the ante-flexion type, which may or may not be associated with marked ante-flexion of the uterus.

The second: Tubal dysmenorrhoea, caused by conditions which have been associated with or developed from salpingitis.

Third: The uterine and ovarian type, put together, because they give the same class of symptoms and are more or less related in their treatment. These will include the usual types of dysmenorrhoea which we find clinically.

If I should go a little further back I would say the causes of dysmenorrhoea were either general or local, and that the general causes, such as anaemia, nervous manifestations and the like are not to be considered here. Among the local causes we have the three divisions which I have given you as being the essential elements. It seems to me that taking these three types we can show

how to recognize them and naturally how to relieve them.

1. In the first place, the *ante-flexion type*—I impress upon every one with whom I discuss this subject that the ante-flexion type is one of itself, and whether we take the old theory of obstruction dysmenorrhoea, where the blood is supposed to be dammed up behind, and as soon as the obstruction is removed the pain is relieved, or whether the suffering be entirely due to the endometritis, etc.—whatever theory we take, we have the same type of symptoms. It is this: Pain, coming on a few hours or a day before the flow, relieved when the flow is fully established, and does not return.

This is a type we see in the ordinary ante-flexion, where the young girl suffers from the first, or certainly after she has failed to develop in the age of puberty, and just these symptoms you will find. They say: "I never suffer but the first day, and then it is all right," and they usually begin to take various remedies for the relief of the pain. This may be associated with the infantile uterus, with or without an ante-flexion, which may not be apparent, perhaps, upon examination, but which will give the same symptoms.

The association of sterility with this type is very well known and its causes are said to be: First, the altered direction of the cervix; second, the stenosis of the os; third, failure of development of the internal organs of generation, and lastly endometritis, because of the damming up of the blood behind the point of flexion, and the recurring congestions.

2. The second type of dysmenorrhoea, the *tubal*, is characterized by pain that begins a week, perhaps, before the

flow, is not relieved by the flow, but continue on through that period. In these cases we have, as the basis of most of them, a condition of inflammation of the Fallopian tube. This inflammation may be mild or severe; it may give symptoms, or it may not give any besides the painful menstruation. A gross lesion is not always necessary for the diagnosis of salpingitis. The type of dysmenorrhoea here is one which I think is least recognized by the practitioner. In fact, I rather think he will not classify the cases at all, unless his attention is called to the advantages of it over and over again. The fact that a woman has pain at the menstrual period does not mean that she has an ante-flexion, or is hysterical, or has "neuralgia" of the ovaries—an empty term to cloak ignorance and invite the morphine habit.

This tubal dysmenorrhoea is one of the easy ones to classify, because we find associated with it salpingitis and its specific signs. We cannot have an infected tube unless we have an infected endometrium to start with; and if that is true, we have had at the same time inflammation and displacements of the uterus and other organs, so that we are at times apt to have mixed symptoms. If the type is mixed it will all the more need attention and study to discern it.

3. In the last instance, what I have called the *uterine and ovarian type*, dysmenorrhoea is associated with things like endometritis, simple, or coupled with displacements or cystic ovaries, lacerations of the cervix, and so on. In these cases the pain, in my experience, comes on toward the end of the flow, or when the flow is at its height, and remains even after the menses cease. It

is almost the opposite of the ante-flexion type, if we might so term it. The pain begins when the flow is free and goes on after the flow is over. If we find that such is the case, we cannot make a diagnosis on that alone, but it will lead us to understand that the type of dysmenorrhoea is not that which is associated with the other two conditions mentioned. We can, therefore, eliminate ante-flexion and salpingitis and be on the lookout for some uterine or ovarian disease.

It will not be necessary to go further into the pathology of the diseases of these organs. What is the treatment of these conditions? I think every one will agree with me the treatment can only be local, mechanical, or operative. In some cases it can be relieved without what the laity call an operation.

I have said, to my own satisfaction at least, that there are three divisions of causes for diseases in women—infection, traumatism and deformity. I believe that they will account for all of the diseases that may arise in the female pelvic organs, and it is not necessary to review the classifications given by textbooks, because they are too complicated and because they do not always fit. We have infection from child birth and venereal diseases; we have traumatism from parturition, and deformity is congenital or acquired.

It occurs to me that each one of our types of dysmenorrhoea can be traced back to one of those three causes, and the classifications can go well in hand together. The ante-flexion type is due to deformity; the tubal type is due to infection, and the uterine and ovarian type is due, most often, to the accidents of child birth.

So, in conclusion, it seems to me, if

the practitioner of medicine will try, when he gets a case of dysmenorrhoea, to eliminate the type, as he treats a cough in respiratory diseases, he will do more to set these cases upon a firm basis of treatment than anything I know of.

*Remarks made at the Tri-State Medical Association, Norfolk, Va., June 4, 1907.

Tubercular Peritonitis.

(DR. J. F. HIGHSMITH, Fayetteville, N. C.)

Being kindly asked for a paper at this meeting to bear upon Tuberculosis from a surgical standpoint, I have decided to briefly specialize with a few remarks on Tubercular Peritonitis, which I hope may elicit a free discussion and put in action further study of this phase of the disease.

Tubercular disease of bones, joints, lymphatics and other organs are daily seen by the regular practitioner and recognized, but many times tubercular disease of the peritoneum may be harder to diagnose and prompt treatment thereby delayed, and the patient go from bad to worse.

Since Spencer Wells, in 1882, unintentionally operated on a patient and cured the earliest recognized tubercular peritonitis case by removing a diseased ovary, and since König advocated in 1844 the general resort to laparotomy in all cases of tubercular peritonitis, after he had cured three cases, there has been a very general resort to this method, and a sustained confidence in its results when applied properly.

A table collected by Oaler shows that most cases occur between twenty and thirty years of age. Rotch found that in the Children's Hospital of Boston the disease was extremely rare in

the first months, the youngest patient being fourteen months old. The disease is more common in the female. According to Nothnagel 90 per cent. of the reported cases are females. A tuberculous family of one of some antecedent lesion is very noticeable. Thus in Rotch's case there was a tubercular family history in 30 per cent. Other authors give a much larger percentage. For example — Brunn, 55 per cent.; Fuller, 60 per cent.; Desplats, 71 per cent.

Tuberculosis of the peritoneum, briefly stated, appears in two forms, either as milliary tuberculosis or it appears as a tuberculous infiltration of the serosa. In the latter case the peritoneum is swollen and its surface injected; its smooth surface becomes rough and covered with numerous grayish nodules which tend to coalesce and form larger nodules. The process is usually accompanied by an exudate which may be fibrinous, seropurulent, or hemorrhagic, or a combination of these different kinds.

Tuberculosis of the peritoneum is rarely a primary disease. Broschke who examined 26 cases, found only two in which there was no starting point for the disease outside of the peritoneum. The lungs was the seat of primary lesion in 200 of the 226 cases, while in the remaining cases the disease began in other serous membrane, such as the plura or peritoneum, or in the intestines, or in the lymph glands, or bones or joints. The tubercle bacilli may reach the peritoneum through the blood vessels, or lymph vessels or by direct extension from some organ which is covered with peritoneum. The mode of entrance of the bacilli is undoubtedly various in dif-

ferent cases. But at any rate is invariably from tubercle bacilli gaining access to the peritoneal cavity. The route by which they reach the peritoneum is frequently difficult or impossible to determine. Any previous condition which tends to weaken the resistance of the peritoneum will act as a predisposing cause. For example—acute peritonitis — pelvic hematocoele—enteric fever, and especially the puerperium.

In König's report of 2,230 post-mortems at the Göttinger Pathological Institute there were 207 of tubercular peritonitis, of which 99 had co-existing phthisis. Eighty had ulceration of the bowels. There are still a large number where no focal deposit suggest the point of entrance, but they are scattered over the visceral, parial and omental peritoneum. These are more numerous in children and it has been thought probable that in these cases that milk food had been the carrier, and it did seem probable that penetration by bacilli of follicles, ulcerated or not, is the most reasonable mode of entrance. A case of Bradfords where the lad had this typical form and was known to have been fed on the milk of a tubercular cow, for some weeks previous, is in evidence. Clinically Koch's dictum concerning bovine tubercular bacilli is not yet settled.

In America somewhat over 60 per cent. of cadavers show some form of tuberculosis, active or healed. And in Germany as high as 86 per cent. of cadavers have evidence of tubercular lesions.

In St. Mary's Hospital, Rochester, Minn., from October 1st, 1894, to October 1st, 1904, a period of ten years, there were 6,480 abdominal operations

performed. Of this number 5,687 were intra-peritoneal and 184, or about three percent were some form of tuberculosis. Up to recent years, and even of late, the best clinical surgeons have held that tubercular peritonitis is incapable of spontaneous cure. It may be fairly said, however, that recognized forms of chronic peritonitis with ascitis has been held to have been cured, and with the above dictum in mind, rightly have claimed, that these could not have been tubercular, else they could not have recovered. This argument in a circle now stands refuted.

Bouilivar found in extensive search of older literature eighty-two cases of tubercular peritonitis, of which twenty recovered. Vierrordt of Heidelberg, McColl, Andersen, Marfan and others, report cases treated with medicine alone and cured. From this we see that the disease has not yet been taken entirely out of the domain of medicine.

There are many theories as to the reason of the curative effects of laparotomy in tubercular peritonitis. As a rule all surgeons who have operated on these cases, and who have been fortunate in their results are inclined to encourage others, while those who have been unfortunate will abandon the search as unworthy of special trouble.

I, myself, belong to the class of surgeons who have had a limited experience in treating peritoneal tuberculosis surgically, and the results which I have attained have been unsuccessful—no patient dying as the result of the operation, but living only a short while afterwards. Yet, I am a confirmed advocate of the surgical treatment of these cases, as it seems to me to be the most rational treatment. And I must believe that the great obstacle in the

way is delay, and that my cases have been extremest, as the most of surgical cases which I am liable to encounter along that line. This holds true in appendicitis. We have that awful infection to encounter, which is a dreaded enemy and gives us untold trouble. While on the other hand if the case is not generally infected our results are all that we could ask and we rejoice with our patient in the relief that comes by active surgery.

Mrs. O., housewife, age 43, consulted me October 27, 1904. She was the mother of four children, the youngest six years old. One brother having died of pulmonary tuberculosis at the age of twenty; one sister at the age of twenty-four. The abdomen was greatly distended with fluid. On opening the abdominal cavity I removed nine quarts of hemorrhagic fluid, finding the entire parietal and intestinal peritoneum to be thickly studded with tubercles and extending on down over the ovaries and broad ligaments. The whole abdominal space was greatly distended with fluid which was mopped out and afterwards irrigated with Normal Salt Solution. The abdomen was closed and she convalesced to all appearances satisfactorily. But four months afterwards tubercular disease showed itself in the apex and she lost ground rapidly—dying on January 24, 1905. The fluid did not return to the abdominal cavity and the discomfort brought about by its presence was to some extent a compensation for our trouble.

January 25, 1905, Miss N., girl age 14, white, occupation mill-hand, was referred to me. The abdomen was greatly distended, no swelling of the feet or hands, a pinched look about the face. Looked as if though she might

have an ovarian cyst, having no fever and feeling well but for this enlargement of the abdomen. February 1st the abdomen was laid open and it was found that the entire peritoneum, the tubes and ovaries and bowels were just all matted with tubercle. We removed three gallons of fluid, washed the abdominal cavity out with the Normal Salt Solution, and it occurred to me that it would be best to institute drainage, which I did. She ran along nicely for the first month at the end of which time she began to have evening rises of temperature. She left the hospital on March the 16th in fair condition with regard to the abdominal organs, but as in the previous case the tubercle increased its pace of progress in the large tissues and she died from pulmonary tuberculosis in about six months. The four other cases which I have operated upon, two male and two female, making six in all, have each one ended in about the same way, no one living more than six months.

Personally, I must believe that in this I have come in contact with the most aggravated and far-gone cases where surgery was handicapped—not giving the results which were justly due it. Certainly not so if we but listen to our most noted surgeons in America and on the other side.

With this in view I addressed a personal letter to some of our greatest surgeons in this country asking them for their opinion as to the present status of surgical treatment of Peritoneal Tuberculosis, results, etc., and I have heard from them as follows:

Dr. Howard A. Kelly, of Baltimore, writes—Tuberculosis of the Peritoneum is without doubt the most favorable of all forms of tuberculosis. The oper-

ation for tuberculosis ought always to be done as early as possible, before the extensive dissemination of the disease. It is only the advanced cases of this kind that give trouble after operation. The most dangerous cases are those that extend out into the bowels, while the most serious are those arising in the uterine tubes. I believe even where tuberculosis is extensive, the primary focus, when it exists in the uterine tubes, should be extirpated. It does not at first sight seem rational to take out the cheesy tubercular tube and leave the far more extensive tubercular area over the peritoneum, but my experience has proven this to be by far the best plan. It is important in all these tubal peritoneal cases to know the condition of the uterine mucosa. I have in a number of instances found a tubercular endometrium upon curettage. In such cases the uterus, tubes and ovaries should be removed en-masse.

Dr. John B. Deaver writes—Replying to your letter asking me for an opinion as to the present status of surgical treatment of peritoneal tuberculosis I beg to say, the consensus of opinion, of those at least who are doing abdominal work, is strongly in favor of abdominal section in these cases. This is my practice. With the abdomen open if there are isolated tubercles they can be safely removed. This is done but unfortunately it is rarely the case. It is my practice to flush with saline solution and drain them. It is the practice of some surgeons instead of irrigating to dust iodoform into the peritoneal cavity.

That a percentage of cures follow, the treatment of peritoneal tuberculosis, there is no question. The percentage

of cases which cures follow I am sorry I cannot give you.

Dr. William J. Mayo writes and advises the abdominal section in these cases, and that it is reasonable to suspect that tubercular peritonitis has its origin in a local focus in practically every case, as is the fact in septic peritonitis. Peritoneal reinfection may be prevented if the local focus can be removed. Whether the patient will regain and maintain general well being must depend to a large extent on whether the local focus thus removed is primary or secondary, and if secondary as to the possibility of cure of the chief seat of disease.

Dr. Robert Abbe, of New York City, writes and reports the following case, and says that he has many similar cases well after nine years. A lady was referred to me who had been losing flesh for half a year, and who, though not aware of fever, had been having frequent night sweats and trouble in the appendix region, culminated in an acute febrile attack (temperature 103, pulse 130) and local peritonitis with a mass which I thought to be only appendiceal abscesses. On operation the mass was found to be composed of caput coli, appendix, small intestines and omentum densely matted and studded with milliary tubercles, with a couple of ounces of free ascitic fluid. The appendix had to be dug out forcibly, there was no abscess, but a tubercular ulcer of the mucous membrane of the appendix, which had penetrated all the coats and showed where the baccilli had made entrance. Dr. Abbe thinks now, more than at any time in the past, it is the imperative duty of the surgeon to freely evacuate by incision all fluid of a tuberculous peritonitis, and in all

probability additional perfection will be obtained by irrigation with Normal Salt Solution, and closure of the abdomen. Where advanced tubercular deposits can be sponged over with Camphor Naphthol it is probable some additional good will accrue. The cure in undoubted tubercular cases may be absolute, though remnants of disease are apt to be later. The purulent form of tubercular peritonitis is amenable to the same treatment. Patients in almost moribund condition with extensive ascitic fluid have been frequently restored to health. The power of the peritoneum to suppress a wide spread of tubercular infection cannot be doubted and its mode of action is through reparative—reformation, embedding the baccilli and forcing retrograde metamorphosis.

Doctor John B. Murphy, of Chicago, writes — Under separate cover I am sending you a reprint of my article on Tubercular Peritonitis, and says that I have not materially changed my opinion since that was written and the result attained on the plan of treatment outlined are very gratifying. Dr. McNorton Jones, of London, in his recent work on gynecology has made up the chapter on Tubercular Peritonitis practically from my article, and so states in his book. I merely mention this to give you an idea as to how the opinions expressed in the article are received by the medical profession on the other side.

In reviewing this reprint of Doctor Murphy's I find it to be quite extensive, very complete and shows itself to come from the greatest teacher in this country. He advises abdominal section in these cases, and states that the prognosis is materially influenced for good

by the modern methods of aggressive surgery in Peritoneal Tuberculosis.

Philadelphia, Pa., Feb. 9th, 1907.

Dr. F. F. Highsmith, Fayetteville, N. C.

Dear Doctor Highsmith—You ask me for the present status of the surgical treatment of peritoneal tuberculosis. I think that the profession in general is of the opinion that if medical treatment is not soon productive of benefit, operation must be considered; and that about thirty per cent. of the cases operated upon recover in from six months to a year. Ochsner's report before the American Surgical Association in 1902 seems to demonstrate certainly that simple incision and evacuation of fluid tend to cure. The cases most apt to be benefited are the ascitic cases, but operation will probably fail to cure when there are many adhesions. The separation of adhesions is a risky matter, because the bowel is apt to be injured if an opening is torn in the bowel, a fecal fistula will probably result. et, owing to the existence of obstruction, it may be imperitively necessary to separate adhesions and it may even be necessary to perform an anastomosis, to relieve an obstruction.

These cases ought not to be drained, unless there is a cold abscess, but then drainage must be employed. It has been found that the use of a drainage-tube is liable to be followed by a fecal fistula; and the mortality of the drained cases is greater than that of the undrained.

In a woman with tuberculous peritonitis, the incision should be median; and if tuberculous tubes are present, they should be removed. In a man, the incision should be over the appendix; and if this is found to be tuberculous, it

ought to be removed. In either sex, it may be necessary to remove a portion of tuberculous intestine or to perform an intestinal anastomosis.

These views as to the removal of tuberculous tubes, a tuberculous appendix, or a tuberculous area of intestine have been warmly advocated by the Mayos. You will find their article in the Journal of the American Medical Association for April 15, 1905. The operations advocated, you observe, are really radical; and in twenty-six radical tubal operations in cases of tuberculous peritonitis, they had twenty-five recoveries. Seven of these patients had been operated on previously, from one to four times, by simple laparotomy. The mortality in ordinary drainage operations is about one or two per cent.

In a very advanced case of tuberculous peritonitis, in which the temperature is decidedly elevated, or in which there are distinct and advancing tuberculous lesions in other regions, no operation is indicated except one done to relieve obstruction or to drain an abscess.

Very truly yours,

J. CHALMERS DAcOSTA.

*Read before North Carolina Medical Association, Morehead City, June 11-13, 1907.

Treatment of Alopecia.

The first step is to remove the pityriasis present, which process removes at the same time a good many organisms, and by the mechanical force applied massages the scalp and thus helps to remove some of the inflammatory exudates. The next step is to apply some antiseptic medication, which should not only cover the scalp, but

also penetrate, if possible, into the hair follicles, so as to reach the organisms situated there. Through the washings and applications of antiseptics which are dissolved in alcohol the natural oil of the scalp will be removed. The replacing of this constitutes the third and last step of the treatment. Vaseline or lanoline is then rubbed into the scalp. It is well to incorporate in this some antiseptic so as to have the diseased parts in constant contact with a germ-destroying agent. Repeat this daily from one to six weeks, then every other day for a similar time, then twice a week, then once a week. Unless the scalp is treated energetically and persistently the disease is quite likely to recur.

Unnas method is both simple and effective. It is an ointment of 10 per cent. of precipitated sulphur in unguentum pomadini. The hair is parted first in a sagittal, then in a coronal direction, about 1 cm apart from each other, and the salve is spread lightly every other night along the furrows. The scalp is washed every three or four days to cleanse it from the scales and the salve. Later the applications become less frequent and are discontinued when a cure is effected.

Chrysarobin stands at the head as a remedy. It is best given in 6 per cent. ointments with lanolin or vaseline as a base. This is applied daily for a week or two, then stopped to see if the disease has discontinued. If loungo hairs do not appear, or if the hairs in the periphery can be pulled out easily, the treatment should be resumed. The remedy should not be used in the eyebrows or near the eyes.

Lactic acid, 50 per cent. in water or

alcohol, gives good results. The affected parts are first freed from oil, with alcohol or ether, then the remedy is applied on a swab till redness of the skin appears. Then the scalp is washed with a 1 per cent bichloride solution. After the stimulation has become apparent the applications of lactic acid are discontinued for a few days and boric acid in vaseline or alcohol is applied.

Trikresol is used in 50 per cent. solution on the scalp and face.

Oil of cinnamon, the Chinese, and sulphurous ether, 1 to 3 are used. The sulphur preparations i.e., precipitated sulphur, 10 to 25 per cent. in vaseline, are recommended, rubbed well into the scalp after thorough washing with soap and water.

Recovery being often spontaneous, it is often difficult to determine definitely the true value of the remedies used. Internally arsenic, cod liver oil and tonics should be tried in connection with dieting physical and mental hygiene. Tincture of jaborandi produces a hyperaemia of the pale spots whose blood vessels are abnormally contracted. Thy-mol, oz. ss, or 15.00; ol ricini, ol amygdal dulcis, aa, oz. ii, or 60.00 M. S. Apply. Unguenti Hydrargyri oleitis oz. ss, 15.00 ol chamomilis gtt x, or 0.65 M. S. Apply. The Finsen light is considered very beneficial in those cases of parasitic origin. To prevent baldness: Pilocarpine hydrochloride gr. v, or 0.33, ol rosae, gr. viiss, or 0.50, ol rosamarii, tr. cantharidis, aa, oz. ss, or 15.00 glycerine oz i, or 30.00, ol amygdal dulcis oz. ii, or 60, spiriti camphorae 96.00. M. S. Rub well into the scalp night and morning.

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The Way it Read.

The editor of a little Western paper was in the habit of cheering up his subscribers daily with a column of story pertinent comments on their town, their habits, and themselves. The department on account of its intimate personal flavor was the most popular thing in the paper.

The editor, as he saw it growing in favor, gradually allowed himself a wider and wider latitude in his remarks, until the town passed much of its time conjecturing "what he'd das't to say next."

On a hot day, when the simoom whistled gaily up the streets of the town, depositing everywhere its burden of

sand, the editor brought forth this gem of thought:

"All the windows along Main street need washing badly."

The next morning he was waited on by a platoon of indignant citizens who confronted him with the paragraph in question fresh from the hands of the compositor and informed him fiercely that he had gone too far. After a hasty and horrified glance he admitted that he had.

It now read:

"All the widows along Main street need washing badly."—"Under the Spreading Chestnut Tree," in the August *Everybody's*.

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EDITORIAL.

Importance of Summaries of Medical Articles.

Reference has been made to this subject in the editorial department of the Journal in previous issues. The importance and general utility and great desirability of making a summary of an article written for the medical press prompts the extract given below from an editorial in the Journal of the American Medical Association (June 8th, 1907.). The editorial deals with the indefinite titles of papers presented in many instances, the impossibility of a physician's reading even a small percent of the medical journal literature. He must select the character of his reading and nothing aids him more in doing this than the author's summary of the article. The editorial closes with these pertinent suggestions:

"If the article is worth writing, its author has a definite point in view or a definite group of facts which he wishes to bring out. That is what the readers

want on the first glance at the article, and that should be furnished in the summary. If the reader can find a summary he knows at once the article's substance, it gives him an immediate orientation of the subject presented, and he knows, without wading through pages of matter, if he wants to consider it. From the author's standpoint also it is advantageous. The summary arrests the attention of the reader; it will stimulate an interest, if the subject is one in which the reader is at all interested, and it thus increases the possibilities of the article being read. Another thing that it indicates, which is not unsatisfactory, is that the writer has clearly in mind what he has undertaken to state."

An Aid in Diagnosing Fractures.

Prof. Andrews of the Ill. School of Electro Therapeutics, gave his class lesson in the use of the tuning fork that was new to most of us and I pre-

sume will be of interest to many of the Journal's readers. He showed how by the aid of the tuning fork and stethoscope a solution in the continuity of a long bone might be diagnosed when other diagnostic symptoms were not well pronounced. The fact that bone is a good conductor of sound waves is taken advantage of. In a break, except in cases of impacted fractures, there is an interruption of the sound waves that will be plainly perceptible by use of the stethoscope.

A demonstration of the conductivity of sound waves by bone tissue can easily be made. Place the stethoscope in close proximity to the surface of a long bone—the tibia for instance, where the flesh is thinnest over the bone and the handle of the vibrating tuning fork a short distance from it. Now try it again with stethoscope and tuning fork separated to the length of the bone. Move both instruments to the fleshy part of the leg, and proof will at once be given of the conductivity of sound waves by bone tissue.

In actual practice it is found by comparison of the sounds as transmitted on the two sides, i.e., the well limb and the suspected one, there is less intensity or even no sound heard in the fractured bone.

In fractures of the neck of the femur the diagnosis may be made by placing the stethoscope over the crest of the illeum and the vibrating tuning fork on the great trochanter, ununited fracture of three years standing was diagnosed by comparison of the sound waves of the two sides by this plan.

Fractured ribs can be easily diagnosed by comparing the sounds as transmitted through the suspected bone with that of a contiguous one.

The stethoscope should be placed near one end of the bone, and the tuning fork just beyond the supposed point of fracture.

I have not tested this plan in an actual injury, but it strikes me as being very practical. At any rate it is well worth remembering and being brought into use in cases of obscure symptoms and doubtful diagnosis as confirmatory evidence either for or against the existence of a fracture.

Editorial Correspondence.

Chicago, Ill., June 28th, 1907.

The advantages of a Post Graduate course either for the general practitioner or in special lines of practice are so obvious that argument in its favor is superfluous. That Chicago schools should be selected in which to pursue such a course, when other large centers with a highly reputable and older schools in closer proximity, might be questioned. I have no criticism to make of the Post Graduate facilities offered by such centers as New York, Philadelphia and Baltimore, all of which would have been more easily reached. Chicago seemed to *me* to offer larger facilities for the study of Electro Therapeutics than either of the other cities and equal advantages for general work, and as I wished to give some special study to this line, I elected to come here.

On the trip here a wait of a few hours between trains at Washington city gave me the opportunity of visiting the Army Medical Museum and the Library of the Surgeon General's office, two public institutions that are of more than ordinary interest to American physicians and in both of which the profes-

sion should take much pride, because of their completeness and general superiority."

It was my desire to visit both these institutions, but I turned first in to the Museum, and became so much interested in the exhibits that my time was consumed there before I realized it. The Army Medical Museum was organized in 1861 and it was at first devoted to the study of military surgery, but later the scope was enlarged to include medicine in all its branches.

For many years it was located in the old Ford Theatre building, made memorable by the assassination of President Lincoln by Wilkes Booth. It is now domiciled in a fire-proof building at the corner of 7th and B streets, S. W., modern in all its appointments and facilities for the purposes for which it is intended both as a museum and library. It is directly under the control of the Surgeon General of the Army with Col. Vallery Broward as Curator and Major Jas. Carroll as Staff Pathologist.

An idea of its magnitude may be obtained by the fact that there are 23,000 separate specimens exhibited, the third largest of its kind in existence. It is the most noted of all institutions of this character in its exhibits of gun shot punctures of which there are 3,400 specimens. The collection of microscopes is especially fine, from the first made in 1665 to the latest and most modern production. A study of the evolution of surgical practice can be here made in the collection giving every instrument of any special importance from the time of the Roman empire, reproduced from the elevations of Pompeii, to the most modern aseptic cases. In this department can be seen the oper-

ating knives, curved like reap hooks, used in the Revolutionary War, and the regular army surgeon's case in each and every war in which this country has been engaged since.

The collection of bones from the mound builders is the largest in existence, and here, too, a couple sets of casts of Prehistoric Peruvian skulls illustrating their operation on the brain. First aid dressing from all the armies of the world, case of instruments as used by the surgeons of the Russian army presented by that government, many wax casts of skin lesions, made by Barretts, of Paris; anatomical figures made of wax, dissections, skeletons, human and animal, in great numbers; pathological specimens in alcohol, hospital equipments; wax figures dressed in uniforms of hospital corps, and numerous other exhibits pertaining to medicine and surgery are found here.

There has been no catalogue of the exhibits published since 1867. The curator is now engaged in working over and re-labeling the material, bringing it up to date and classifying and numbering by the duodecimal system. He is also preparing a catalogue to be issued in parts, the first on diseases of bones to be issued probably during this year.

My time would admit of only a cursory inspection of the Library, or secure more than a few general notes. There are here classified 300,000 bound volumes, 300,000 pamphlets, and 1,400 medical publications are received regularly, the contents of which are indexed monthly and published as the index of the Surgeon General's office.

Immediately after arriving in Chicago I matriculated with the Illinois School of Electro Therapeutics, located

in the Atlas Block at 35 East Randolph street. As to the school and its faculty. It is strictly a post graduate school, only physicians being admitted. It was organized in 1900, and has been enlarged several times since then, until now every phase of electricity having a practical bearing on medicine and surgery is covered. It is fully equipped with every kind of apparatus useful in Electro Therapeutics. The teaching is didactic, experimental and clinical. The teachers are all masters of the department over which they preside, and are both enthusiastic and painstaking in their work. One important fact that is prominently accentuated throughout the course is the utter disregard of the faculty for the manufacture and vendors of electrical apparatus and appliances. The object seems to be to instruct the pupils in the fundamental principles of electricity and the necessary means of obtaining it, as to make him independent of the representations of the selling agent of equipments. Chicago is the center of manufacture for electro therapeutic apparatus, more being made here than in all the rest of the United States combined, and whenever it becomes necessary to criticize a weak point in an apparatus, it is done fearlessly and boldly.

Dr. C. S. Neiswanger is president of the college and professor of General Electro Therapeutics. He takes up the subject from the foundation or fundamental principles, giving the primary laws of electric generation, cell formation, the making of batteries, and dwells very persistently and forcibly on the difference of therapeutic value of galvanic effects, the stumbling block of those who deride electricity, because they cannot see how the same battery of cells

with the same current of electricity can be used efficiently to allay inflammation in one patient and produce it in another.

Dr. E. M. Grubbe is one of the pioneers in America of X-ray work, and is professor of X-ray Physics and Radio Therapy, and on these subjects he is an authority. He dwells especially on the physics of the X-ray and X-ray generation.

Among the Professors is one of the foremost physicists of the day in the person of Prof. Burdick. His faith in the possibilities of the finite mind is almost unbounded, and incidentally that electricity is the chief agent with which man will work in the future in overcoming the problem of existence, when this planet of ours is so peopled that our sustenance will be drawn from the air.

One other reference to the faculty and I will close. Not but what much more might be written, and I believe with profit, but all my readers are not impressed with the importance of the subject as I. The woman in the case is always a factor deserving consideration and this is no exception. Dr. May Cushman Rice presides over the larger clinics, and to her the students of this school are indebted for technique in the application of electricity to morbid conditions. Enthusiastic, energetic and master (or mistress) of the subject; with a room full of waiting patients, she insists on every one taking part in the work, giving from group to group, superintending, directing, instructing, and criticising, as occasion demands. Her claim is, and it is a just one, that the little things in the technique of electro therapy are just as important as minor matters in surgical operations. I told her once when she criticised my manner

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of applying an electrode that she was as particular as an old maid, but she isn't one.

I will give some further impressions of Chicago in a future letter.

J. D. ROBERTS.

**Mutual Life Insurance Co., Adopts
\$5.00 Fee Schedule.**

We are very glad to note that the Mutual Life Insurance Co., of New York, has again adopted the fee schedule of \$5.00 for all examinations. The following personal letter from one of their medical directors to one of their examiners, we are sure, will prove of interest to the medical profession:

"I am sure the medical profession in parts of the country have greatly misunderstood our attitude in this matter. As you know, we adopted a graded fee schedule reluctantly, feeling that it was necessitated by the strong demand for economy which applied, especially to cost in obtaining new business. From my former letters, you know that the Legislature of New York put a very sharp limitation on the amount which could be spent in obtaining new business and made it a criminal offense to exceed this. All the items which entered into this first year's expense were materially reduced, among them being the Medical Examiner's fee. The law did not wholly go into effect until January 1, 1907. At the end of six months' trial, we found that our economies had been greater than necessary and there was in consequence a small unexpended surplus.

We appreciated the medical examiner's work and his value to the company, and as soon as it was demonstrated that this surplus existed, the first thought on the part of the company was to re-

store the old fee to the medical examiner."

The *Interstate Medical Journal* (St. Louis) announces the purchase of the *St. Louis Courier of Medicine*, one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1st.

The *St. Louis Courier of Medicine* was established in 1879 by an association of prominent St. Louis physicians. It has always commanded a large following throughout the West and South, and held the respect and esteem of the entire profession of this country.

This merger removes from the field an old and highly esteemed contemporary, and its consolidation with the *Interstate* adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during the past few years.

Editor North Carolina Med. Journal,
Charlotte, N. C.

Dear Editor:—At a meeting of the Wake County Medical Society at Raleigh, N. C., on the 11th inst., the Alumni of the Baltimore Medical College organized a State Alumni Association for North Carolina, with Dr. J. M. Templeton, of Cary, N. C., as president, and myself as secretary and treasurer.

We want to enroll all of the Baltimore Medical College Alumni in the State, and would be glad to have them forward their names and addresses to the secretary for enrollment.

The next annual meeting will be held at Winston-Salem at the time of the State Medical Society meeting. We very cordially invite all of our Alumni to be present.

Yours very truly,

JAS. M. JUDD, Sec.



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ABSTRACTS.

A Typhoid Fever Distributer.

G. A. Soper, New York City (*Journal A. M. A.*), gives an interesting account of a series of family epidemics of typhoid, all associated with the presence of a single person who seems to be a chronic carrier of typhoid germs. The first attention was called to an outbreak of typhoid in a family at Oyster Bay, N. Y., in which six out of a household of eleven were attacked. A most thorough investigation revealed no cause, until on careful inquiry it was found that the family had engaged a new cook about three weeks before the outbreak, who left them about three weeks after the appearance of the dis-

ease. When, after much trouble, her whereabouts was discovered, she refused to give any account of herself whatever, but a partial history was obtained from other sources. For two years of the last five there is no record of her doings or residence. It was positively ascertained, however, that in the last ten years she had worked in eight families and in seven of these typhoid followed her, in the majority within a few weeks of her coming. The one exceptional case was a family consisting only of two persons of very advanced age and one old servant. In no case was the cook herself a victim. Details are given of most of these outbreaks.

The attention of the New York Health Department was directed to the case after these facts had been ascertained and much against her will, she was sent to the Detention Hospital. In fact she showed remarkable strength and agility in resisting arrest. Bacteriologic examinations made in the department laboratory showed typhoid bacilli in great numbers in the feces of the individual and the blood gave a positive Widal reaction. Dr. Soper thinks we have in this case a striking example of the chronic typhoid germ distributor.

Continous Passive Hyperemia in Delayed Union of Fractures and in Hastening the Consolidation of Fractures.

Surgery, Gynecology and Obstetrics..

Roberts reports that ten or eleven years ago he reasoned that physiologic processes made it probable that delayed union in fractures could be successfully treated by engorging the fragments of bone and their surroundings with venous blood by applying a rubber bandage with moderate firmness around the limb above the seat of fracture. He supplements his treatment of continuous hyperemia by the employment of a gypsum splint, the administration of calcium salts, and walking with a cane. If he has any reason to believe that the non-union is due to any mechanical impediment he examines the relations of the fragments through an incision and if necessary resets the ends and inserts nails or staples to hold them in position, after the healing of the resection wound he again applies passive hyperemia. He reports a number of his own cases in

which he has obtained good results, also cases by a number of men who have used a similar method in the treatment of their cases.

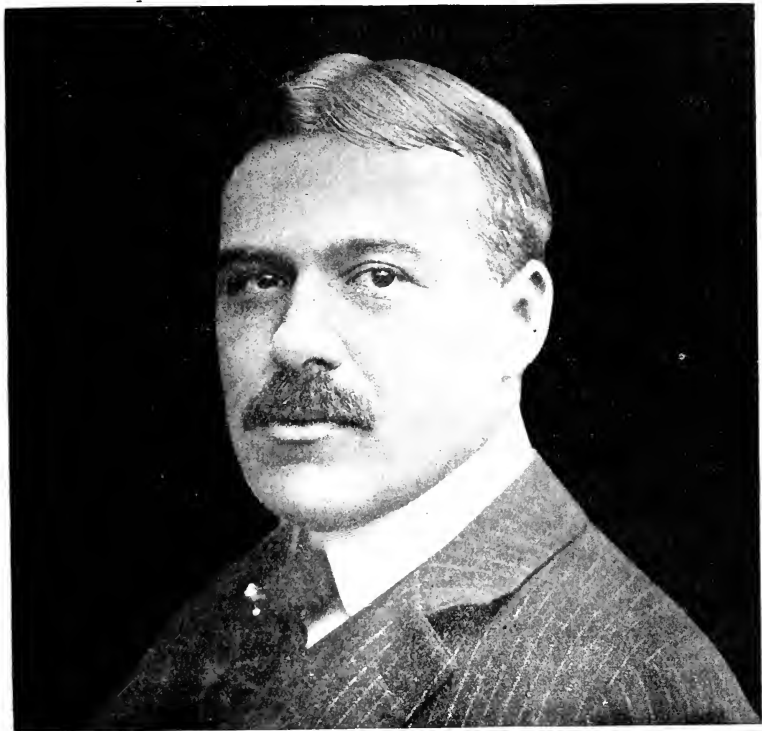
The Absence of Water Drinking in Disease.

(N. Y. and Phila. Med. Jour.)

Manges states that the normal quantity of water for the healthy adult individual, exclusive of the water contained in the food, is about one and a half to two litres a day. Of this two-thirds appears in the urine, one-third being retained in the body. Only ten per cent. of the water is absorbed by the stomach, ninety per cent. being absorbed by the intestines. In chronic gastric and intestinal disorders the significance of this abuse can be easily recognized, but nevertheless, warnings are unheeded. Every drop of water introduced into the system must be excreted from it, directly or indirectly, by the heart, hence the greater quantity of liquid introduced, the greater amount of energy demanded of the heart for its disposal, as he states, small wonder, then, that Carlsbad physicians are now sending their patients to Nanheim for the after cure. In chronic nephritis patients require no urging to drink as much as possible since the laity believe that copious libations and the treatment of Bright's disease are synonymous. He states that it was Von Norrden who first showed that when the heart is incompetent the quantity should be restricted and in the earlier stages of chronic nephritis this should be done as a prophylactic measure.

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End Results in Operation for Carcinoma of the Breast.

Surgery, Gynecology and Obstetrics.

In the July number of this magazine are five papers with the above title, read at the American Surgical Association. The following summary is given in one of the papers: 1. Out of 416 cases of primary operation for cancer of the breast at the Mass. General Hospital, from 1894 to 1903 inclusive, 376 were traced to a conclusive end-result at an average period of 8 years after operation. 2. Sixty-four cases were alive and well, and 7 died without recurrence over 3 years after the operation. 3. Counting in operation mortality, there were 320 attempts at radical cure, 67 of which, or 20.9 per cent., were successful. 4. During this same period palliative operations were performed on 56 patients and 52 cases were discharged untreated. 5. Cases in which the tumor was ulcerated, or was adherent to the skin or to the chest wall, and cases in which the axillary glands were palpably enlarged, gave notably less promising results than when these conditions did not exist. 6. No cases with palpably enlarged glands above the clavicle, and no case of cancer of both breasts, was cured. 7. Medullary carcinoma was more grave than that of the scirrhous type, and adeno-ercinoma and colloid were relatively of a far less malignant type. 8. The duration of the disease and the age of the patient, other than in the individual case, exerted little influence on prognosis. 9. Extensive operations with wide removal of skin gave the greatest freedom from local recurrence. Removal of the pectoralus minor appeared to be of slight significance. In complete operations, on early cases

yielded better results than extensive operations on cases which were well advanced. 10. Recurrence in the scar occurred in less than one-half of the cases. Internal metastasis was most frequent in the lungs, medistinum, in the axillary, and the supra-clavicular glands, the liver, and the spine. 11. Seventeen out of 88 cases of those passing the 3-year limit without evidence of recurrence, showed recurrence later, and four cases developed recurrence 6 years or more after operation.

Neurological Surgery.

(Surgery, Gynecology and Obstetrics.)

Murphy in an elaborate, illustrated article of over one hundred pages, reviews the anatomy, surgery, histology and future surgery of the spinal cord and peripheral nerves. He reports a number of personal cases, also a number of experimental operations on animals. The paper is too exhaustive to permit of abstracting but we earnestly (detailed) recommend a careful study of the original article by all those who are interested in this branch of surgery.

C. P. Ambler, Asheville, N. C., *A Journal A. M. A.*, maintains that the use of tuberculin with proper precautions is the most efficient remedy we have in the fight against tuberculosis, and that is a most valuable early diagnostic test. A tuberculin test will frequently clear up the diagnosis where without it the condition would have remained obscure until the disease had become more advanced, and valuable time had been lost. Experience shows that the more recent case will give a better reaction and to a smaller dose

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than will one more advanced. All other available means, however, should be first exhausted; not because the test is dangerous or aggravates the disease, but because the depression, fever, etc., of the reaction are not desirable if they can be avoided, and this is especially true in tuberculosis. It is particularly useful, he says, in joint troubles, bone disease, persistent wasting without pulmonary symptoms, chronic pleurisy, bladder trouble, and especially in adenitis. Ambler thinks that the slowly increasing method of using the test is faulty, as sometimes producing a tolerance that interferes with the reaction, and himself gives in the average adult case 2mg. at the first injection, preferably late in the evening, and continuing the temperature record begun several days before at three or four-hour intervals for two days more. If no reaction has then occurred, 5 mg. are given on the third day. The tuberculin is diluted with an 0.5 per cent. solution of carbolic acid and filtered sterilized water; the local discomfort is slight. The general and local reactions are described, the symptoms are sometimes severe, but may be very slight. The most characteristic sign is the change in temperature. The reaction, as has been said, is less positive in the more advanced than in the recent cases, a certain degree of tolerance or partial immunity having been gained. In conclusion, Ambler reiterates his belief in the efficacy, safety and positive diagnostic value of a properly conducted tuberculin test, and says that, while a failure to react is not proof positive that the disease does not exist, a clearly defined action must be accepted as diagnostic proof of the existence of tuberculosis.

The Surgical Cure of Certain Cases of So-Called Chronic Dyspepsia.

(*N. Y. and Phila. Med. Jour.*)

Reed deplors the confusing symptomatology which has arisen in regard to stomach diseases as due in part to a defective nomenclature and in part to the dogmatic terms in which it has been promulgated by different writers. He reports a number of cases of gastric ulcers which had been treated for chronic dyspepsia, gastralgia, etc., and claims that the facts presented justify the following conclusions:

1. The majority of cases of so called "chronic dyspepsia," "gastralgia," "nervous gastralgia," "neuralgia of the stomach," "cardialgia," and "hyperchlorhydria," are, in fact, cases of ulcer, or the organic consequences of ulcer, of the stomach, or duodenum or both.

2. Cases amendable to medical treatment should be cured in from five to six weeks, after which time they should be placed in the surgical category, while haemorrhagic cases should be operated upon without the delay prescribed by medical writers.

3. Surgical ulcer of the stomach, if neglected, may develop adhesions, perforations, haemorrhages, or cancer, or, in the absence of these, may provoke sepsis and anaemia, which, if the underlying conditions are not corrected by operation, may and frequently do prove fatal.

4. It is important, therefore, that the cases should be promptly brought to operation which, without reference to details, should establish rest and maintain drainage for the diseased organ.

5. The comfortable after course of these cases, the low primary mortality, and the permanent curative results following the operation comprise its complete justification.

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Remote Effects of Tonsillar Infection.

The pathologic conditions that appear as the late results of tonsillar diseases are discussed by P. K. Brown, San Francisco (*Journal A. M. A.*), who first remarks that the importance of this source of infection for heart disease has been pretty thoroughly exploited and that he has himself reported in a previous paper some typical cases and reviewed the literature. Since then he has observed recurrent endocarditis, chorea and muscular rheumatism occurring in certain of his old patients, and he considers that continued slight fever in children is probably a common result of tonsillar disease in San Francisco. A rather peculiar complication of pericarditis, pneumonia and lung abscess is reported. Nephritis after tonsillitis without rheumatism is, he thinks a commoner complication than is generally supposed and has occurred four times in his cases. One of these, complicated by acute mania, is reported, as also one of fatal staphylococcic septicemia and one diagnosed as leukemia occurring in connection with, and presumably as the result of tonsillar disease. The evidence, he thinks, clinical and experimental, tends to show that more and more connection is being established between the tonsillar cervical route and lung tuberculosis. Histologic studies alone are insufficient, the proportion of tonsillar involvement, as shown by Lartigan's results in which tubercle bacilli were found in only 2 cases out of 135, and then only in small numbers, while 12 out of 75 inoculation experiments gave positive results. Brown concludes with the statement: "In the study of portals of entry of disease into the human body, the pharyngeal and especially the faucial tonsils

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have an importance not well enough recognized or understood, but increasingly appreciated in the light of each new clinical or experimental study."

Transmissibility and Curability of Cancer.

Boston Medical and Surgical Journal,
June 29, 1907.

Dr. William Seaman Bainbridge, of New York city, calls attention to the growing fear of cancer on the part of people of all classes. He attributes this to the theories of heredity, congenital transmission, and infectiousness or contagiousness as causal factors in the production of the disease. The fear of the contagiousness of cancer has been aroused by the exploitation of the subject in the public press. After reviewing the evidence *pro* and *con* of these theories he calls attention to the following points, adduced from the mass of conflicting evidence, which, pending the solution of the "cancer problem," will lead no one into danger: (1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formulated concerning them. (2) That in the light of our present knowledge they hold no special element of alarm. (3) That the contagiousness or infectiousness of cancer is far from proved. (4) That evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it. (5) That the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound. (6) That the danger of the accidental ac-

quirement of cancer is far less than from typhoid fever, syphilis or tuberculosis. (7) That in the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from pus organisms, than from any possible acquirement of cancer. (8) That the communication of cancer from man to man is so rare, if it really occurs at all, that it can practically be disregarded. (9) That in cancer, as in all other disease, attention to diet, exercise, and proper hygienic surroundings, is of the utmost importance. (10) That cancer is local in its beginning. (11) That, when accessible, it may, in its incipency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence. (12) That once it has advanced beyond the stage of cure, in many cases, suffering may be palliated and life prolonged by surgical means. (13) That while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.

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NEWER MATERIA MEDICA.

Sleeplessness.

(By Dr. W. T. MARRS, Louisville, Ky.)

"There is a tide in the affairs of men."

The above is a quotation taken from a speech referring to social and business matters, and to the necessity for grasping opportunities as they are presented. But, as is the fate of many other texts, we intend to use it in an entirely different sense from that employed by the author. The figure is of the tide in the sea, with its periodical ebb and flow. In the life of man's body there are tides of many kinds.

In the ocean there are often seen waves of great width, hundreds of yards, possibly a mile or more, across, whose rise and fall are so gentle that they are hardly perceived. Over the surface of these large swells there play series after series of smaller waves. These movements of the water, the tides, the swells and the smaller waves, may be well compared to the vital processes of the body.

The whole of a human life may be likened to a tide, for a man begins as

a very small and feeble creature, grows in size, in strength, in mental and moral power, and then gradually declines to a feeble and defenseless "second childhood."

In women we have the monthly recurring menstrual periods. There is a daily normal rise and fall of temperature, and apparently also a daily tide of vital force, for the majority of deaths from lingering illness occur at night, when the vitality is at its lowest ebb. The respiration and heart-beat are periodic functions.

The need of regular sleep is a phenomenon to which we are so accustomed that we take it for granted and rarely think of it. The average man sleeps about eight hours, or a little less, out of the twenty-four. Children sleep more, and old people less, than this average. There are some individuals who seem to need much less sleep than this, why it is no one seems able to say, but with only six, or even four hours, of rest they keep in perfect health. We have never been able to get hold of any records of such cases in which they

were followed throughout the whole life, and if they retained their mental and physical powers into old age.

The process of falling to sleep is a curious problem in psychology; we know of a student who lay awake for hours every night trying to find out how he went to sleep. This sounds like an Irish bull, but it is true; he developed a very bad case of insomnia. And the point of the story is this, that as long as a man thinks it is impossible for him to go to sleep.

The readiness with which people give themselves up to sleep after they go to bed varies greatly. Some are asleep almost as soon as their heads touch the pillow, while others habitually toss about for hours. This is a matter both of habit and of temperament, and the habitual good sleeper may be so harassed by problems and worries that his rest may be postponed indefinitely.

People who are habitually nervous and restless may acquire the habit of going to sleep promptly by applying this principle in any one of several ways. The simplest one, when it can be done, is merely to stop thinking. Let the person, by action of the will, keep his mind a blank. Thoughts will start and go wandering along; they must be checked at once. The body must be perfectly relaxed and in a comfortable position. Why it is we do not know, but this plan is greatly aided if the eyes are directed as if looking downward, the lids being closed. Perhaps this is merely a simple act on which to keep the attention fixed so that the other thoughts are easier to check. It is said that the fatigue of the ocular muscles has something to do with attaining the result.

In line with this latter suggestion

there are many devices for fixing the attention and tiring the eyes while open. Looking at a bright spot, as a light, a coin or other object, if persisted in steadily, will bring sleep; sometimes a revolving object is used in order to hold the attention more completely.

One of the commonest hindrances to prompt sleep is gas in the stomach and bowels. This gives an uncomfortable sense of fullness, it presses the diaphragm upward, interfering with the breathing, and especially with the action of the heart. This organ beats more rapidly and generally more forcibly than normal, and if the condition is extreme it may beat irregularly. When the nervous control of the heart is not particularly good an irregularity of beating may be induced by only a slight amount of pressure.

For this reason it is my custom to give all my insomnia patients a purgative pill to keep the alimentary tract in the best possible condition. After trying about all the preparations on the market I have come to the conclusion that for all ordinary cases a pill of about the following composition is the most efficacious, for it does not gripe nor give any extreme action, but keeps the bowels comfortably loose:

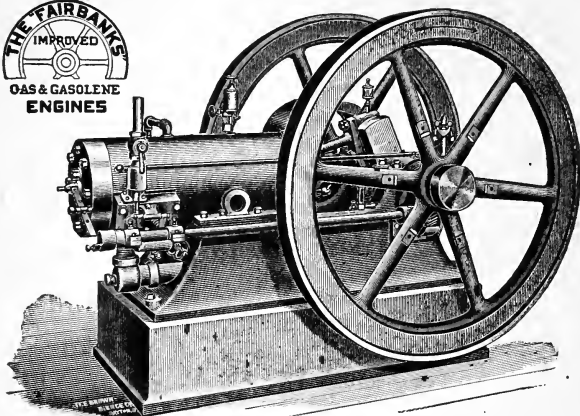
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Aloin	gr. 1-8
Podophyllum	gr. 1-12
Ex. Belladonnae	gr. 1-16
Strychnine	gr. 1-120
Gingerine	gr. 1-16

A person of vigorous and trained will power may acquire the habit of going to sleep promptly without any external aid, but the average individual will become discouraged if he does not obtain results within a few days. Therefore I give such patients a small

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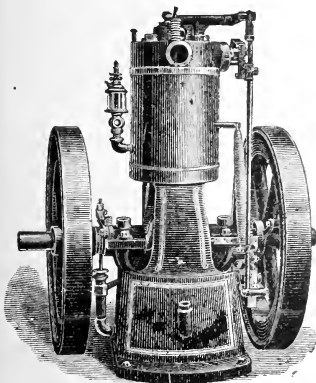
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dose of some hypnotic for a while, and then withdraw it as soon as the sleeping habit is established.

The following notes from my practice will illustrate the method.

Case 1. Miss McN. A teacher. Complained of nervousness and insomnia. She could not go to sleep for a few hours after retiring, but lashed her pillow and rehearsed the events of the day in the school-room. She was constipated, and I think autotoxaemia was a contributing factor to her nervousness insomnia. I gave her a teaspoonful of bromidia at six o'clock in the evening and another dose at bed-time; also corrected the constipation. This helped to control the turbulence of her thoughts, and her will power was enabled to assert itself. In a few weeks the young lady had formed the habit of sleeping soundly, and had improved in strength and general health.

Case 2. Miss Georgia B. Suffered in much the same manner as the case cited above. She was quite hysterical at times, and had some difficulty in restraining herself from causing a "scene" on unseemly occasions. Insomnia was a marked factor in this case. Bromidia in teaspoonful doses quieted her and produced sound and refreshing sleep. After sleeping normally by the aid of medicine she had in a few weeks overcome all of her nervousness. The drug was then gradually withdrawn, and she accustomed herself to going to sleep by merely keeping her mind passive.

Case 3. Mr. Wm. J. Age, 27. A book-keeper. He came to me in a pitiable condition, claiming that he had not had a good night's sleep for a number of weeks. He looked depressed and careworn, and seemed on the verge of

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a nervous breakdown. I gave him bromidia in teaspoonful doses, and instructed him in the importance of ceasing to think as soon as he went to bed. The results were very gratifying. He was soon able to sleep perfectly. The drug was discontinued, but he was by that time able to sleep without it. He soon regained his former strength and nerve tone.

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An Ideal Method of Treating— Rheumatic Conditions.

(By M. R. DINKELSPIEL, M. D., of Philadelphia, ex-Resident Physician, Philadelphia Hospital.

The accurate determination of the exciting factor of rheumatic conditions, and, in fact, most of the errors of metabolism, has not yet been reached. We know of many predisposing factors, such as heredity, deficient elimination, sedentary life, consumption of an excess of nitrogenous food, especially when associated with alcohol, etc., etc., yet it cannot be denied that we have made by far more progress in the therapy of these conditions than in the determination of their etiology.

Chemical and physiological experiments, pathological examinations and the most careful clinical observations—all have failed to accord rheumatic and gouty processes a definite and accurate position, as far as their exciting cause and correct etiology are concerned. Based upon our knowledge of the signs of defective metabolism that accompany the various stages of rheumatic processes, we advise our patients to modify their diet, stimulate their emunctories by attention to exercise, baths, the drinking of quantities of water and giving proper attention to the gastro-intestinal tract.

In my opinion, however, the nearest approach to therapeutic accuracy in some of these conditions that we have reached, is in the employment of colchicine internally and the external application of the oil of wintergreen. For some time past I have used colchicine in the form of colchi-sal capsules, which contain the equivalent of three minims of pure methyl salicylate from *betula lenta*, and 1-250th of a grain of crystal-

ized colchicine with 1-500th of a grain of the active principle of *cannabis indica*. These capsules I have found to be absolutely reliable. For local swellings, as in acute arthritis of rheumatic origin, in gouty attacks, in myalgias, especially lumbago, torticollis and pleurodynia, as well as in sciatica, I have invariably employed the mentho-methyl-oleo-salicylate, known as betul-ol. Its peculiarly efficient power of penetration and analgesic properties have stood me in good stead. The following cases indicate the value of these drugs.

Case 1. Mrs. K., a German woman, aged forty-five years, was of good health with the exception of rather frequent attacks of acute arthritis of rheumatic origin. She had taken salicylic acid in various combinations and had frequently used liniments containing oil of wintergreen—at least, the prescriptions called for ol. gaultheriae. I modified her diet, prescribed baths and saline laxatives, and ordered her to take one capsule of colchi-sal every hour for one day, one every two hours on the second day and one every four hours for a period of a week. Locally, I ordered betul-ol applied by means of gentle friction for five minutes by the watch, twice daily. In ten days all symptoms disappeared, and for the past five months have not reappeared. In addition to the disappearance of the pain and swelling, she has gained in weight and has improved much in energy and spirit, factors which so often go hand in hand with improvement in lithemic conditions. I have advised her to take one capsule three times daily for one week during each month, to prevent recurrence.

Case 2. Mrs. R., aged thirty years, widow, consulted me for very acute pain

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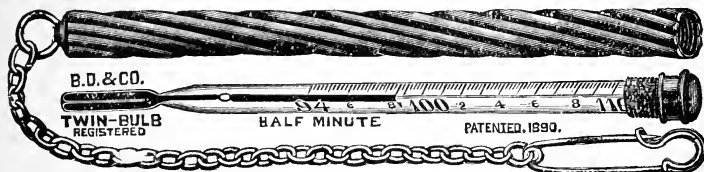
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in the left side. She had pleurisy two years before. Examination showed the pain to be located in the muscles; in short, a typical case of myalgia. I prescribed colchi-sal capsules to point of tolerance, and ordered betul-ol to be gently rubbed over the painful area twice daily. The pain disappeared in three days. It had been my practice to strap the chest in these conditions, with great benefit, but a patient otherwise in good health, as a rule, does not like the around the chest. I have found the above described procedure a valuable substitute, with the additional value of preventing further attacks.

Case 3. Miss A. L., aged nineteen years, was attacked severely with acute rheumatic fever. Both knees were greatly swollen, and her general condition was very poor. She had a number of successive drenching sweats. Her temperature fluctuated between 101 to 104 degrees F., and at one time threatened to reach a point of hyperpyrexia.

It had been my custom up to the time of this case, to administer salicylate of sodium internally and apply equal parts of oil of wintergreen and olive oil locally to the inflamed joints. In this case, however, I ordered colchi-sal capsules, one every hour for twenty-four hours, and one every three hours thereafter. Locally, I applied betul-ol and olive oil, equal parts, and covered the inflamed joints with lambs' wool over oiled silk. With each capsule of colchi-sal I ordered a glass of cool Vichy to be given, and confined the patient to a milk diet. The case made a rapid, uneventful and uncomplicated recovery.—*International Therapeutics*, Oct., 1906.

The Pathology and Treatment of Hay Fever.

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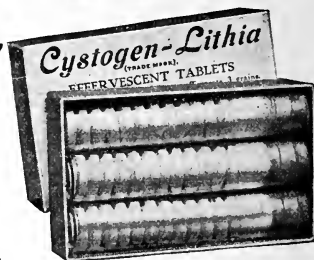
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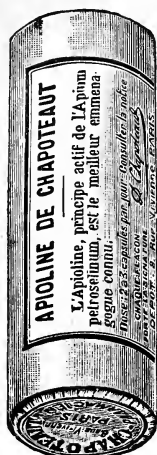
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ORIGINAL COMMUNICATIONS.

Faucial Tonsil Operations. An Improved Snare.

(By K. P. BATTLE, JR., A. B., M. D., Raleigh, N. C.)

In the removal of the faucial tonsils we have a subject of practical interest to the general practitioner and specialist alike.

Without going into a detailed discussion of the indications for operation, which would make this a long paper instead of a short one, I propose to state the conclusions to which I have arrived as to when the operation is called for and then to describe those methods of operating which study of the work of others and personal experience have taught me to consider the best.

In regard to indications then I would say in the first place that I do not think, as some seem to do, that all tonsils

should be removed; nor do I think, as some actually do, that all enlarged tonsils should be removed. The mere fact that a tonsil is hypertrophied, regardless of the age or condition of the patient, is not sufficient. If there are no symptoms attributable to the enlarged gland it had best be let alone, and especially so in adults. Many times we can entertain no doubt as to the proper course, but often a careful judgment is called for, when each case must be decided on its own merits. As in every case not of a trivial nature we weigh on the one hand the mental and physical suffering of the ordeal and the risk; small though it be but still the risk. On the other hand, we consider the harm to be feared if we do nothing and the benefit to be expected if we act.

Tonsils need operation as a rule:

(1) When there is a history of re-

peated attacks of tonsilitis of whatever kind.

(2) When there is a mechanical obstruction, interfering with voice production or proper nasal breathing, with or without adenoids.

(3) When in connection with their abnormal state there is cervical lymphatic glandular enlargement, if in any way chronic, for this is probably due to tonsillar infection, which may be tubercular. This rule holds good whether the neck glands are operated upon or not.

(4) When they may be charged with being the portals of other systemic infection.

(5) When, without being inflamed, they may be shown to be the cause of pain, possibly extending to the ear, of various ill defined and vaguely located feelings of discomfort, of periods of bad taste or foul breath, or of more or less chronic sore throat.

The tonsil to be attacked may be simply hypertrophied, bulging out into the lumen of the throat, with perhaps a distinct neck-like constriction at its base; it may be flat or irregular, protruding but slightly or not at all; it may be firmly adherent to the pillars; it may be partly covered and concealed by a distinct fold of mucous membrane, called the plica simulans, which extends downward, inward and backward from the true edge of the anterior pillar; it may extend unusually far into the tissue beneath the pillars, or high up between them into the supra-tonsillar fossa; the crypts may be partly filled with retained, thickened and degenerated secretion, forming cheesy and harder, even stony, concretions, or soft purulent and ill-smelling masses.

To meet the whole of this variety of

conditions there is no simple or single procedure. But we must first know what we wish to do before deciding how to do it. An ex-president of the American Rhinological Association states that in four thousand tonsil operations he has completely enucleated in only two cases and they were accidental. Other writers advise that, whether by cautery dissection, knives, scissors or divers forms of cutting punch forceps, the entire gland should be excised till "every vestige" of lymphoid tissue is eradicated.

My opinion is that a middle course is the best. Whatever the function of the normal tonsil may be, when it is diseased and its removal is decreed the less left behind the better, but it is also true that in most cases when the greater part of the gland is taken away the remainder gives no trouble, while in most conditions the more radical operations are more dangerous. The safety of the patient should be the first consideration.

In other words tonsillectomy should be the ideal aimed at, though in many cases we must be content with tonsillotomy.

Nor is tonsillotomy always available. Some adults, from fear of pain or hemorrhage, will not submit to any cutting operation and we must use the galvanocautery point. The sittings may have to be many times repeated but the tediousness of the treatments and the soreness resulting are readily borne. This is not a method of choice, but if properly used very good results may be obtained, both in the reduction of the size of the enlarged and protruding variety and in the destruction of the submerged and degenerate forms. With care we may expect to guard against the principal objection, which is the liability of the mouths of the partly de-

stroyed crypts to become sealed and hold the retention products in the deeper parts to give trouble in the future.

Local anesthesia is brought about for this purpose in the same manner as for others and will be described once for all. For convenience I dissolve two of the well known one and one-eighth grain tablets of cocain in 15 minims of water, making a 16 per cent. solution. This is carefully and continuously applied for ten to fifteen minutes to every surface of the tonsil that can be reached, on a very small bit of cotton tightly wound on the bent end of an applicator. The swab must be so small that it can be insinuated into the crypts, as many of them as possible. Some of the mouths may be seen and others found by gentle manipulation. As soon as the cotton becomes covered with mucus it is pulled off and a fresh application made. This seems a small matter, but the cocainizing of a tonsil is one of those simple things that cannot be done well without care. The tendency is to make a swab which is too large and too loose; the crypts are not entered, the deadening effect is not what it should be and cocain is swallowed by the patient or wasted. The 15 minims are more than sufficient, yet I have seen an operator soak up that much with two dips of a big swab. After fifteen minutes of application the patient is ready and is made to promise not to jump or pull away should it begin to pain, but to give a signal by raising the hand, the surgeon promising on his part to cut off the current the instant the signal is given. In a few minutes, if necessary for freeing the cautery point which has adhered to the tissues, the current may be turned on again for a second, with the patient's permission, and the electrode then

taken out. All this is understood before hand and confidence having been inspired the burning may be repeated safely until the patient or operator decides that enough has been done for the time. When there is no reason for haste it is well to cauterize one side at a sitting, alternately. Besides the accidental touching of the healthy parts by the hot wire it is necessary to avoid burning the faucial pillars, or too deeply into the tonsils, remembering that the sloughing area will be a trifle beyond the actual touch of the wire.

But for the great majority of cases some form of amputation is employed. For many years I used a sharp-edged tonsillotome but after trying the Peters tonsil snare I have had no use for a guillotine. I consider the Peters the best of the tonsil snares, yet I found one complaint to make of it. Occasionally, in dealing with a large tonsil, when the handles of the instrument were closed the loop of wire could not be drawn quite far enough into the tube to completely divide the tissues, so that there was some delay and it became necessary to use both hands to finish. A few years ago I remedied this defect by substituting for the old running sleeve, to which the wires are attached, a new one with notches into which a spring catch fits as the sleeve moves. With this device, if a second motion becomes necessary the sleeve and wire are held firmly and automatically in the new position and the operation is finished with the one hand and in the fraction of a second. The addition of a ring for the thumb is also an advantage. The screw and nut are discarded. The Peters instrument, so modified, is entirely satisfactory. It is very strong and never fails. The ease with which the toughest and thickest tissues are

cut through gives great satisfaction. As compared with the guillotine it is less bulky (as to the part entering the mouth), and therefore easier to use, is little, *if any*, more painful, is followed by far less hemorrhage, and is safer.

The question of local or general anesthesia is merely one of age and stolidity of temperament. Cocain alone is best for adults and those who can behave like adults. Young children I prefer to put to sleep, not only those who are to have adenoids removed as well as tonsils, but in all cases. The choice of the general anesthetic depends upon the amount of time we expect to consume in completing the operation. Chloroform we would often like to use but must exclude, because it is held that so many deaths have occurred in children with enlarged lymph glands that it is contra-indicated.

In the case of the protruding tonsil with little or no adhesion to the pillars, when the operation is easy and soon done, I prefer the bromide of ethyl. It may be given, a drachm or two; in an ordinary ether cone with little or no air—the cone being removed when relaxation occurs. Given in this way the effect is rapid and excellent and the recovery prompt while the evidence seems to place it next to nitrous oxide in safety.

In cases requiring dissection, especially when the removal of adenoids is to follow, the unconsciousness from the bromide of ethyl is too short and too suddenly lost and for these I use nitrous oxide followed by ether. The method is safe, the patient passes rapidly and agreeably under their influence and there is no need for hurry.

Two or three minutes before the patient is ready I make an application of a 1-1000 solution of adrenalin—not to

the crypts, but to the surface just around the tonsil, to make easier the preliminary work. The first object in view is to free the tonsil from attachment to the tissues surrounding it, as much as may be needed and within the limits of safety. And in most cases *this is the most important part of the whole operation*, for just in proportion to the care given to it and the time taken in it will the result be satisfactory. Special attention should be paid to dividing the adhesions, if any, to the anterior pillars and also to loosening the upper part in the supra-tonsillar fossa, for it is here that the diseased crypts are most apt to give trouble. Blount hooks, scissors and half sharp knives, curved on the flat, are used.

We are now ready for the snare, which has been previously mounted with number seven piano wire. It is more convenient, but not necessary to have two instruments, one for each side. We take one of them in the right hand and apply its grooved ring, carrying the loop, around the left tonsil. A many-toothed curved forceps in the left hand is made to grasp the tonsil firmly and lift it from its bed. At the same time the right hand presses the ring outward in the effort to make the wire take hold as far as may be towards the other edge of the gland, the handles are quickly and strongly closed and the work is done. The forceps have not released the tonsil and now lift it out of the mouth. For the right tonsil the snare is held in the left hand and the forceps in the right.

If the patient is under a general anesthetic a gag is used but a tongue depressor is not necessary except in the preparatory work.

The bleeding may be expected to stop of its own accord in a very short

time. If it should prove obstinate I would give a quieting hypodermic of morphine and rely upon the combined effect of pressure and adrenalin, a thick wad of cotton or guaze wet with a 1-1000 solution held firmly against the bleeding point until it stops. If this is not successful in a few minutes I would make the same kind of pressure continuous by the use of the Stoerck-Miculicz tonsil hemostat.

Most instances of troublesome hemorrhage have been reported in hemophiliacs and the history of the patient and that of his family should be invariably inquired into before operating.

A mild antiseptic spray may be used as after treatment, but none at all is necessary.

The Treatment of Typhoid Fever.

(By W. C. ABBOTT, M. D., Chicago, Ill.)

It is no easy task for me to write an article upon the treatment of typhoid fever, and say anything that is new. My own ideas on this topic were settled nearly a quarter of a century ago, and the lapse of this long period finds me pretty near where I was then—not because I have ignored the advances made by my colleagues in that time but because these have been wholly in the way of their catching up with me!

At the time named my conception of this matter was, that we should remove from the bowel the fetid, microbe-swarming, decomposing masses of deadly toxins, and as far as possible stop the absorption of this into the blood, and remove from the diseased patches in the intestine the poisonous stuff that lay in contact with it. I felt sure that feces would be a bad dressing for an ulcer on the skin, and knew no reason for believing it could be aught but injurious to ulcers in the bowel.

So, I formulated my treatment of this malady, by clearing out the bowel by calomel followed by salines, aided by colonic flushing if necessary, and subsequently keeping the bowel clean, meanwhile disinfecting it; and for the latter purpose I found nothing as good as the chemically pure sulphocarbolate. The only changes in my belief are that it is now confirmed by the unbroken success of twenty-five years of active clinical application; and the increasing demands made by me upon the chemists for better and purer chemicals. When it comes to a question of medicines, one simple rule suffices—the very best obtainable is what the sick man needs.

In the way of accessories we have added much. The importance of phagocytosis is confirmed rather than weakened by the researches that led to the opsonins, and the therapeutic value of nuclein still stands as the best established fact of these investigations. The testimony in favor of this remedy is strong, and those who give it full trials are practically unanimous as to its utility. Given in doses not exceeding sixty minims each twenty-four hours it vastly increases the number and the activity of the phagocytes, and clinical observations confirm Metschnikoff's theory as to the functions of these valiant warriors who defend us against all invading micro-organisms. The difficulty in the use of nuclein is that unless one is prepared to make examinations of the blood, the only test of its action is the better condition of the patient, and we are always uncertain that this is really better than it would have been without the remedy. Only by comparing the results of series of cases under otherwise similar conditions can we estimate the true effects of treatment.

Complications and sequels are rare when the antiseptic method has been instituted early and carried out efficiently; but we are called sometimes when the damage has been done, and ulceration, hemorrhage, or other disasters have occurred. I still cling to old George B. Wood's turpentine as the best remedy for ulceration, tympanites and threatened perforation; and regard it as the most important contribution made to medicine by the Wood family. Turpentine is antiseptic, stimulant and hemostatic; and the experience of the years has developed nothing better. flushing with warm saline solutions aids by gently cleansing the bowel, and physostigmine relieves tympanites by increasing the contractile power of the muscular coat of the intestines. This lessens the danger of perforation.

There has been some question as to the value of atropine as a remedy for typhoid intestinal hemorrhage. A number of reports received by me indicate the superiority of this over all other hemostatics, but in one case it failed completely. Unfortunately no autopsy being held we are unable to say why this exception occurred. Probably in this case a large artery was eroded, and no treatment would have availed unless it were surgical. In many other cases the hemorrhage stopped when enough atropine had been taken to flush the face.

The question of the relation of constipation to typhoid fever has been raised. Some affirm that constipation is really useful, as cases display less severity when this condition is present. But a little reflection shows that the reason diarrhoea exists is that there is irritation, and consequently an irritant, in the bowel; while constipation shows the absence of irritation, therefore less lo-

cal disease. Diarrhoea is consequently an indication for the removal of irritating matters from the diseased bowel. This view is confirmed by the prompt and decided improvement following when the bowel has been completely emptied and disinfected.

Insomnia is largely toxemic; it may call for very small doses of codeine, ext. cannabis, or solanine (gr. 1-12 for an adult, repeated hourly for three doses).

Nocturnal delirium is due to the same cause and susceptible to the same remedies. Diurnal delirium subsides notably under the influence of zinc or caffeine valerianate in small frequent doses.

Profuse sweating is also toxemic like most of the symptoms, but if due to relaxation is relieved by agaricin gr. 1-12 every hour.

Whenever a trace of blood is detected in the stool, give silver oxide gr. 1-6 every two hours. The hemostatics that contract the systemic arteries all force more blood into the splanchnic vessels and do harm. This applies to digitalis and ergotin.

Hypostatic congestion and the beginning of pneumonia call for small doses of sanguinarine, to increase the vital resistance of the threatened tissues—gr. 1-67 every hour.

The fever may be safely and effectively moderated by the judicious administration of the dosimetric triad, aconitine, digitalin and strychnine arsenate, which also sustains the heart and stimulates all the vital functions.

There are two remedies that have been praised as exercising a special influence over the intestinal tissues when threatened by destructive disease, and seem worthy of consideration. Many practitioners believe that when necrosis of the intestinal areas is threatened,

baptisin so increases the vitality as to prevent the death of the affected structures. A similar effect has been claimed for cotoin. The latter dilates the intestinal arteries, letting in a larger blood supply, and this may be useful. Accurate observations are needed as to both remedies. Probably nuclein and careful attention to the toilet of the bowels fill this indication better.

Malaria.

(By DR. C. S. KERR, Kerr, S. C.)

Mr. President, and Gentlemen of the Sampson Co. Medical Society:

The Society, through its secretary, has recently asked me to read a paper to-day on the subject of Malaria. In obedience to that request I herewith submit the following, embodying the views of several standard authorities, together with my own observations as a general practitioner for the past thirty-eight years. Malarial fever, to those who live in the South is somewhat a general term, the different fevers of supposedly Malarial origin are so many I shall only briefly notice the most frequent forms:

FIRST—CLINICAL HISTORY.

The clinical history will embrace an account first of the paroxism, and second, of the intermission or remission. In the majority of cases the attack is sudden, though in certain proportion of cases there are premonitions for a variable period. The premonitions are not specifically distinctive of the disease, consisting of pain in the head, yawnings, indisposition to exertion, loss of appetite and general malaise. Those who have previously suffered from

Malarial attacks anticipate an impending attack. Malarial fevers are paroxysmal in character, namely, the cold, the hot, and sweating stage. Followed by an intermission as in chills and fever, or a remission in the severer forms of the disease. These include pernicious intermittent fever, billious or remittent fever, swamp fever, malarial hematuria, etc.

SECOND—GENERAL SYMPTOMATOLOGY.

The symptamotology of these fevers vary greatly in proportion to the severity of the type. In the milder forms the cold stage generally begins with pain in the loins and extending thence over the back and limbs. The chill may be only slight shivering sensations or severe muscular tremors known as rigors, may or may not accompany the chill. The peculiar condition known as "goose-skin" is often observed, though the patient complains of being cold the thermometer placed in axilla shows an increase in the temperature of the body.

This increase in the temperature of the body begin prior to the paroxism. The pulse is usually accelerated, is small and feeble. The countenance has an expression of anxiety, face pale, with lividity of the lips and roots of finger nails. There is mental irritability, pain in head and limbs. Oppression referred to the precardia with palpitation.

The duration of this stage varies from a few moments to two hours or even longer. Gastralgia and gastric irritability is a prominent symptom, with incessant vomiting and thirst. As the cold stage begins to melt away, and the face begins to assume a pinkish hue, a condition of hysterical or even veritable coma may occur, especially in the per-

*Read before Sampson County Medical Society Monday, July 1st.

icious varieties. Congestion of the internal organs must necessarily be involved in the cold stage, inasmuch as the surface is almost bloodless, while the whole mass of blood is not diminished.

HOT STAGE.

This stage is accompanied by more or less intense febrile movement, the skin becomes hot, pulse full and bounding, face flushed. Cephalalgia continues, but the pain in limbs and precordial oppression disappear. The hot stage may last from three to eight hours. The temperature may run up to 105 to 106.

THE SWEATING STAGE.

Perspiration appears first on the face, and afterwards on the trunk and extremities. The duration of the sweating stage is variable from three to four hours, the thermometer denoting a rapid deference. It is a sign of the approaching intermission or remission. During and succeeding the paroxysm, urea and uric acid are increased. Not infrequently, albumen, and occasionally hematuria exists.

CAUSATION.

Observers differ more widely on the causes or cause of Malarial Fever than any other disease known to medical science. I will describe them under three heads or classes:

First—The mosquito class.

Second—Those who think it is transmitted through the air.

Third—Those who believe it is caused by or from infected drinking water.

Those who claim the mosquito to be its cause (I quote from Billings, 1904, General Medicine), claim that "the contagion of Malaria is not conveyed by all varieties of mosquito. So far as we know this function is performed by not

more than a dozen varieties, all belonging to the family of Anopholes, but of this family there exist about one hundred species. It is not enough, therefore, to ascribe the conveyance of Malaria to the Anopholes, but it is desirable to know exactly which species convey the organism. This is important, because the breeding places of the different varieties are very different. *M. Culicifacies* was frequently infected with malarial parasites, while *M. Rossi* was found constantly free from them. The latter does not act as a disease carrier, and breeds in shallow pools and stagnant water, while *M. Culicifacies* resorts to the sides of the streams, and does not breed in shallow water." Tyson, 1903, in his Practice of Medicine (kindly loaned me by Dr. Marion Cooper), makes, to my mind, a very startling statement. I quote from page 80: "Much may be done to avert malaria infection. It is not considered possible for the organism to enter the system by the stomach or respiratory passages. This being established, prophylaxis must consist in measures to destroy the mosquito or escape its bite." Being fully persuaded that I am not capable of becoming personally acquainted with this numerous and interesting family of insects, if guilty of all that is laid to them, I feel like surrendering. That they play a part in the spreading of this disease is quite probable, but they are not the sole cause of it, in my judgment.

I think that if a mosquito was to bite a fever patient, and then fly on to a healthy person and puncture the skin, it is quite probable that the healthy man would become infected. That there is something in favor of this theory is shown by an incident in my own practice:

A farmer, living near a swamp, in a

large airy house, with a family consisting of ten persons. All of them suffered during that summer from malarial fever. They slept with open windows. A negro cook with several children slept in an out house with closed doors and fire, even in hot weather. None of these had the fever, though drinking the same water, and living as their white neighbors. An account of the life circle of these mosquitoes and their proliferation and development I will leave to you, and the different text books on that subject. Also the blood changes and other pathological results of Malarial Fever. I will here read Leaflet from Dr. Lewis:

MOSQUITOES AND MALARIA.

One of the most prevalent diseases in North Carolina is malarial fever in one form or another. It is by no means confined to the low-lying eastern section of the State, but is quite abundant in many localities in the hill country, having been reported even from Cherokee.

By recent scientific investigations the cause of the fever has been shown to be a microscopic animal known as the *plasmodium malariae* or *hem-amoeba vivax*, which feeds upon the red corpuscles of the blood; hence the pallor of persons suffering from chronic malaria. The development of this little parasite in the blood is as follows: One of the spores, or baby germs, so to speak, enters a red corpuscle and, feeding on its contents, grows until at the end of twenty-four hours it has become nearly as large as the corpuscle. It then, by a process known as segmentation, splits up into a dozen or more little spores again, which for a short time are free in the blood and unattached to the corpuscles. It is just as the segmenta-

tion occurs that the chill comes on, which explains the periodic recurrence of the chill every twenty-four hours, and as it has been found that quinine is most effective in killing the germs while they are free in the blood and not buried in the substance of the corpuscles, the best time to give quinine is just before the chill is expected.

The method of the introduction of the malarial poison, the plasmodium, certainly the chief method, has been demonstrated beyond all question to be the sting of a certain variety of mosquito known *anopheles*, which has previously stung some one having malarial disease. The common mosquito, known as *culex*, while more abundant, is innocent as a carrier of disease. Mosquitoes breed in stagnant water of any kind. Pools containing vegetable matter and so fish to eat up the larvae are best for developing anopheles.

The larvae, or "wiggletails," as we generally call them, are the young mosquitoes. Although they live in the water from the time they are hatched from the eggs which were laid on the surface until they reach maturity, they cannot live without air; they must breathe. Contrary to the general rule, they breathe "wrong end foremost"—through a long breathing tube which springs from the body near the tail and which they stick out of the top of the water when they want air. The bearing of this arrangement on their destruction will appear later.

There is a popular misapprehension in regard to the movement of mosquitoes. The general impression is that they are carried by the wind, and people at the seaside say that a land breeze brings mosquitoes. It is a fact that they are more abundant when the

breeze is from the land or in a calm, but according to those who know best the fact probably is not that they are blown from the swamps to landward, but that they simply come out again from the trees and shrubbery and the lee side of houses where they had taken refuge from the strong sea breeze which was too rough for their fragile bodies. With rare exceptions they travel, it is said, seldom more than a mile, and generally not so far. When one is troubled with mosquitoes a careful search will almost always reveal stagnant water in the near vicinity—pools, water-barrels, old tin cans, etc.

The destruction of mosquitoes and the consequent prevention of malaria is accomplished in two ways: First and best, by the thorough drainage of all stagnant pools of water, and the emptying of all receptacles holding stagnant water; and second, by keeping the surface of such pools or receptacles covered with petroleum, what is known as light fuel oil, or even the crude petroleum, being better and cheaper than ordinary kerosene. The film of oil prevents the larvae from breathing and smothers them. The quantity necessary is one ounce or two tablespoonfuls to every fifteen square feet of surface, repeated every two weeks. Some care and a little expense in securing protection against mosquitoes and in providing a supply of pure drinking water will practically insure against malaria.

To those interested in this subject I cordially commend a very interesting and valuable book on mosquitoes written in popular and entertaining style by Dr. L. O. Howard, the Chief Entomologist of the United States, and pub-

lished by McClure, Phillips & Co., New York, at a cost of \$1.64, postpaid.

RICHARD H. LEWIS, M. D.,
Secretary State Board of Health.

Second Class—Or those who contend that it is conveyed through the air, and claim that it is a special morbid agent called Malaria.

The following points, tabulated by Dr. Austin Flint cover to a large extent this theory:

First—It affects by preference low and moist localities.

Second—It is rarely developed at a lower temperature than 60 degrees Fahr.

Third—Its evolution or active agency is checked by a temperature of 32 degrees.

Fourth—It is more abundant and virulent as we approach the Equator and the sea coast.

Fifth—It has an affinity for dense foliage which has the power of accumulating it when lying in the course of winds blowing from malarious localities.

Sixth—Forests, or even woods have the power of obstructing and preventing its transmission under these circumstances.

Seventh—By atmospheric currents it is capable of being transported considerable distance, probably as far as five miles.

Eighth—It may be developed in previously healthy places by turning up the soil, as in making excavations for buildings, tracks for railroads, and beds for canals.

Ninth—In certain cases it seems to be attracted and absorbed by bodies of water lying in the course of such winds as waft it from the miasmatic source.

Tenth—Experience alone can enable

us to decide as to the presence or absence of malaria in any given locality.

Eleventh—In proportion as countries previously malarious are cleared up and thickly settled, periodical fevers disappear in many instances to be replaced by typhoid fever.

The telluric, or earthy, source of malaria is proven by facts contained in the foregoing statements. The fact of its becoming endemic in certain localities is alone sufficient to establish this source. It is generated most in the summer season. Facts appear to show that its specific gravity keeps it near the surface of the earth.

Persons sleeping in an upper story may escape, when those sleeping on a level with the ground become affected.

It is more abundant in the night air than during the day, and hence the disease may often be avoided by avoiding exposure in the night.

The foregoing, gentlemen, is a partial review of the teaching of forty years ago, when a few of us were educated.

I will now take up the third class of theorists, viz., those who believe that impure drinking water is the cause. To this class I am sincerely attached. Before beginning on this line, I will mention again the leaflet from Dr. Richard H. Lewis, just read in your hearing, in connection with the mosquito and its larvae, or wiggletails.

It is well known to all of us who live in the long leaf pine or turpentine section, that the wiggletails are often seen in the turpentine boxes, even when they are partially filled with the pure gulf or dip turpentine, and that this water, when taken into the mouth, has the strong pungent taste of the spirits, or oil of turpentine. To my

mind this habitant leads one to doubt the petroleum oils' power when largely diluted, as in spreading over pools, to act as a destroying agent of the larvae. Then in some sections of my practice, the people have what is known as driven pumps from ten to thirty-five feet in the ground, from which they get drinking water. The mosquitoes, or their larvae in this case would have to pass two close-fitting valves, one in piston and one at top of pipe to impregnate this water. Yet these people have malarial fever. This seems inconsistent with the mosquito theory.

In this matter, as in others, it may be necessary to give up a good many of our old notions, but until the new theories are thoroughly established it may be just as well to adhere to practices justified by experience. My practice, for the past 38 years has been up and down each side of Black River.

In the lower portions of Sampson, and upper parts of Pender and Bladen the cause or source of malaria, I should say Malaqua. As before stated, these larvae could not get into water through pumps, neither could they breathe if in there. Then you ask what generates the plasmodium malaria. I can not say, but give the following facts for your consideration: On the east side of Black River the people live mostly on the table lands between the river swamps and the sand hills or high lands. Along this territory, the wells or pumps are from twelve to sixteen feet in depth, all of this section is underlaid with blue or shell marl. The water is clear, but has what is commonly called a mineral taste. The pumps cannot be driven through this marl, and the drinking water is taken from the top of this marl stratta. These

people suffer more or less every year from malaria. After living there a number of years they seem to become immune. A family of new comers from the up-country will develop malaria the first year; I have concluded that some constituent of the water not yet known is the probable cause. Those who drink large quantities of coffee three times a day rarely ever have the fever. Those who travel up and down the river on steamboats and open flats have learned from experience to carry their drinking water in casks, and are particular in procuring it from pure sources, either the over-flowing wells, or a pure spring running from the hillside. Raftsmen do the same. All of these men, for several days and nights at a time, are exposed to mosquitoes, but rarely develop what they call "River Fever."

On the west side of this river where the people live on the sand hills and the pumps are driven from 25 to 35 feet, with no underlying marl stratum, with pure clear water, sand filtered, we rarely ever have these fevers. At one place, a bridge or river crossing, with low swamps all around, there is a country store and residence. I have never known a family to live there one season without malarial fever. This place has been a trading center for forty years, and different families have lived there. All had the fever until about seven years ago. Then the owner had bored, at considerable expense, a deep artesian pump, or well, from which flows several gallons per minute of clear soft water, with a peculiar taste, though not disagreeable.

Since they began drinking this water there has been no malarial fever there. The man who lived there four years ago sold out, to another, who moved

in, and the new comers have had no fever. The same swamp and river, in fact an unchanged topography is still there, and I presume, the descendants of the original anopheles, are still in that locality, as their haunts are not disturbed nor altered.

The late Dr. Porter, of Rocky Point, N. C., told me a few years back that he boiled all the drinking water used by his own family, and that of his laborers, during the summer season (he was an extensive planter), put it in casks and added ice when needed. He found this cheaper than the chill and fever, and the best preventative.

On the east side of Cape Fear River, at Fayetteville, for miles we find chills and fevers, with occasional cases of malarial hematuria, while on the west, or high side of the river, where there is good drinking water these diseases are rare. A soldier, who served in Cuba three years, in the Regular Army, informed me that the military authorities added arsenic to the drinking water of the men every day.

You might say this was to destroy the larvae of the mosquito. In reply, will ask how it is with the artesian water supply above quoted, and which can be investigated by any one so inclined.

These thoughts are presented in a general way, not for the purpose of trying to upset established scientific research, but simply to ask you to look into this particular cause of malaria. How does this organism, called *Plasmodium Malaria* enter primarily the human system, and what is its etiology? As for treatment, I will leave that for want of time to the good judgment of each member of our Society.

Thank you, gentlemen, for your respectful attention.

Therapeutic Suggestions.

(By JAMER BURK, Manitowac, Wis.)

We all know that the alkaloids and most other active principles derived from the plant kingdom are used to cure diseases; we know that they are cognate entities and closely related with the leucomains and other proteid toxins of the body; we know that the leucomains are changing, incomplete chemical substances which present a variety of grades of virulence, similar to the behavior of like proteid substances outside of the body.

We appreciate that bad digestion of the proteid part of our food is the principle source of leucomain pabulum; also, that incompleteness of catabolism, through insufficient innervation is a minor source of leucomain stuff.

Digestion suffers also from abnormal innervation of the glands which supply the several digestive ferments; metabolism includes not only the healthy action of the digestive ferments, but the normal nervous and nutritional supply to keep up normal action of the cellular nuclei of the several tissues of the body.

The metabolic ferments inherent in the cell, the digestive ferments, the ptomains and leucomains and the vegetable alkaloids are closely related proteid substances, the ultimate component units of which are chemico-biologically interchangeable in forming new entities and in rounding out incomplete cognate entities. We can explain the action of the plant drug remedies in the treatment of disease in no other way. It is not satisfactory to say that aconite or better aconitine regulates the volume of the pulse and the sweating of fever patients and thereby lowers the fever; but how does it do these things?

Fevers are manifestations of the efforts of the body to create from its own tissues an antidote to the cause of the physical disturbance. The logical procedure to suppress the physical disturbance caused by a leucomain, toxin or other proteid poisonous entity is to present it with a finished chemical, cognate substance, from the vegetable kingdom, from which it must, according to well established chemical law, select and usurp for its own chemical needs, one or more molecules. This rounding out of the leucomain, toxin or other disturbing foreign substance in the living body makes it an excretory product and the disturbance and its consequent fever subsides.

A young or middle-aged person has palpitation of the heart; in the majority of cases the cause is classed as functional, and the cause must be sought and removed; it may be from a spastic condition of the peripheral arteriolas, or it may be from the opposite condition—a paresis of the musculature of the peripheral arterioles; the first condition would call for atropine for the relief of the symptom; the second condition would call for the use of digitalin for the immediate relief of the symptom.

But the leucomains causing these conditions are created in the alimentary canal. The cure consist in clearing out the bowels with the proper concentration of some saline, and the neutralization of the leucomains in the walls of the intestines with podophyllin, juglandin, emetine, chionanthin, dioscorein, jalupin or colocynthin as indicated. The study of the action of leucomains and other toxic proteid matters in the living body is easy when logically taken in connection with the scientific study of the alkaloids and

other active principles of our pharmacopeal plant drugs. The toxin or leucomain causing eclampsia is synergistic with thebaine of the opium group of alkaloids, and the administration of veratrine will render the leucomain harmless and the symptom disappears.

It is now well known that the cause of epilepsy aside from a bad nervous equilibrium, is a toxin generated in the alimentary canal. Intestinal antiseptics would seem to be an auxiliary to the dominant treatment.

Aug. 3, 1907.

SELECTED PAPERS.

The Ailments of the Aged.

(By W. T. MARRS, M. D., Peoria Heights, Ill.)

The uric acid diathesis and arteriosclerosis are the common heritage of most people as they travel the western slope of life. The symptoms may be protean in character, and the sufferer may have enlarged prostate with cystitis, albuminuria, glycosuria, dyspepsia, gout, rheumatism, or perverted function of every gland and organ in his body. Whatever the symptoms may be, the cause in the beginning was an insufficient elimination of mineral and toxic products, which in turn may have been due to a faulty metabolism.

Old age is a sort of ossifying process, a gradual change from animal to mineral matter. This is the inherent tendency on the part of nature, but is doubtless augmented by diet, habits, environment, etc. More attention directed toward the prevention of this calcifying process would perhaps very materially prolong many lives. It is an unwritten belief quite common among physicians that the man who has reached fifty may with impunity take alcohol daily in moderation. This I contend to be as untenable in theory as it is damaging in practice, and will thus appeal to any one who for a moment considers the physiological effect of alcohol, immediate and remote. Stimulating foods, drugs, and beverages calcu-

lated to raise arterial tension are contraindicated where there is an arteriosclerotic tendency. Foods and drugs that nourish without producing stimulation come nearer meeting physiological requirements. Fruits and vegetables should be eaten freely. The malic acid contained in apples and the citric acid of grapes are very beneficial. The lactic acid contained in buttermilk is opposed to chalky formations. This acid was a few years ago heralded as the "elixir of life" for the aged and infirm. The value of drinking pure water in copious quantities cannot be overestimated. Deleterious products are thus mechanically swept away as well as being in some measure diluted.

A great many uric acid solvents have from time to time been tried, but soon "the wind has blown them all away." In the elaboration of remedies for this purpose clinicians and pharmacists have made the mistake of thinking the human body an animated test tube. The many fluids of the body along with their varied character must always be considered when administering any drug for a special purpose. The writer has had the best results in treating these affections of old people from a combination, the following being the formula: Repurified calcium carbonate, 10 grains; lithium carbonate, 1 grain; colchicine, 1-100 grain, in an aromatic combination. I supplement it with some hepatic

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stimulant. Calomel is a most excellent one, although acting indirectly; but as so many people are prejudiced against mercury I frequently use this combination: Repurified magnesium sulphate, 60 per cent., and sodium tartrate, 25 per cent., combined with the tartrate of lithium and colchicine, 1 grain of the former and grain 1-250 of the latter to each dose in effervescent combination as above. These things seem to eliminate residues and prevent deposits better than anything I have employed for that purpose.

Old people require more sleep than they usually take. Insomnia and waking early in the morning are partially due to habit and also more or less dependent upon a rigid, unyielding condition of the blood vessels in the brain.

The rather imperfect anastomosis of the cerebral arteries makes embolism more frequent when the blood vessels become somewhat hardened.

The person who feels that age is surely and silently creeping upon him should cultivate a relaxation from worldly cares. Moderation should be the keynote of his life. He should also cultivate the social menities lest he grow moody and introspective. He should try to live quietly, happily, and optimistically. Life may be considerably prolonged if a correct mental and physical method of living were religiously carried out. There are no valid reasons why the man of good physique and good inheritance should not reach the century mile-stone. The same of course applies to women.

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EDITORIAL.

Brain Workers and Diet.

Frank S. Grant, of New York City, writes to the Medical Council (June, '07,) of some observations and the conclusions he has reached relative to the indulgence of the appetite. He says: "I am fully convinced that more men kill themselves by a system of slow suicide through an excess of food rather than by an over-indulgence in alcohol and tobacco." The large number of dyspeptics and the aggravated form in which we find them will partially bear out the writer in the assertion he makes. The number of diseases that can be traced to errors and indulgences in diet is incalculable. Un-successfulness of treatment renders them the *bete noir* of the fraternity, and the distress, nervousness, emaciation, pain, etc., make life a burden to the victim. Man's digestive organs have not kept pace with the requirements of civilized cookery with its attendant condiments to tickle the palate and tempt the flagging appetite.

That we eat too much is certain, and Americans especially, which gives our European brethren the opportunity to twit us with being a race of pie-eaters and dyspeptics. As much as we would like to resent this accusation, we know there is too much truth in it, and so are obliged to accept the odium the charge carries with it.

It is the man above fifty and the brain worker that Grant would especially instruct. He says this, "The man who is past fifty—particularly the man who works by his brains—will live longer, keep stronger, enjoy life better, sleep better and maintain his normal, physical and mental equilibrium on one square meal a day rather than on three meals a day.

"He may drink in moderation anything he likes; may smoke tobacco by pipe or cigar freely. These two practices indulged within the limits of common sense will not shorten his days, only add to their pleasure.

"He must, however, take regular ex-

ercise every day out of doors in any way he prefers."

We do not endorse this totally, though we acknowledge a modicum of truth in the assertions he makes. We know several persons enjoying the best of health and doing both mental and physical labor on two square meals a day, though we believe it would tax the digestive organs too much in the majority of cases to eat only one meal in twenty-four hours. The time between meals would be too long, and it would necessitate the placing of too much food in the stomach at one time for the requirements of the system. Further, we believe that at fifty it is generally too late for a man to undertake to arrange his diet. The necessity is that care be given the digestive organs in early life. Our observation is that the foundation for most digestive dissauage at four will likely dine on soup at forty. Probably two good meals a day would be sufficient for most brain workers, but most of us will appreciate a light lunch near the noon hour, with the heaviest meal at night if it can be taken at least three hours before retiring.

Tubercular Adenitis.

The trend of opinion in regard to local tubercular affections at the present day is largely, if not entirely, towards making these troubles surgical rather than medical. Studies in tubercular affections during the last decade have been rife and very thorough. Then it is a question as to whether the local affections have received the attention they should. Of the general subject of tuberculosis the profession is fairly well agreed on the line of procedure and as to its curability in the early

stages. Of the local affections not so much has been written and we are probably somewhat behind on these in our studies.

The tubercular glands in the young need more specific attention since it is claimed that consumption in the adult is often the result of tuberculous adenitis acquires in early life.

Osler says that, "Not the enlargement of the supra clavicular and axillary group of glands on one side preceeds the development of a tuberculous pleurisy or of pulmonary tuberculosis." And again he says, "The existence of an unhealed focus of tuberculous adenitis is a constant menace to the organism. It is safe to say that in three-fourths of the instances of acute tuberculosis the infection is derived from this source." He further claims that the evidence which Marfan brings forth to prove that scrofula in childhood renders the individual immune to tuberculosis is not conclusive.

Internal medicine offers very little in relief of this class of cases, and it must be to the surgeon that we look largely for relief. The removal of these by surgical interference is now acknowledged as the correct course. If thorough in the removal of all infected glands, the operation gives perfect results. This, though, is doubtful, as it is almost impossible in most cases to remove all nidus of infection, and re-infection is the rule, consequently, surgical interference does not meet the indications.

In the last few years the Roentgen ray has come into the field as a remedy in this class of cases. It is not an untried remedy and is capable of meeting the indications in suitable cases. But in order to be successful with the X-ray there must be a competent oper-

ator. On this question Geo. C. Johnston, secretary of the American Roentgen Ray Society, says: "It requires just as much skill and experience to successfully treat tubercular affection of the deep cervical lymphatics by radiatherapy as it does to do a clean, safe, complete dissection of the same structures."

In passing I would offer a criticism of the name given here to an unknown quantity. With all writers and most readers of medical literature, I deprecate the designation of any disease, organ, or part of the body or any remedy for the cure of disease by the name of an individual. While Roentgen's labors in connection with the X-ray have been of inestimable benefit to mankind, it does not add to his reputation to call this force by his name and explain nothing as to its character. I consider X-ray more appropriate, as it is an unknown quantity, and until scientists can demonstrate what it really is, let it remain under the algebraic symbol of x , as denoting the answer of a problem not yet solved.

The effects of the demonstration of the X-ray is as follows: In the early stages pain is subdued and finally relieved and inflammation is reduced. When suppuration is only threatened it is prevented, but in advanced cases it is hastened. A condition of obliterated trunks and lymphatics is obtained with hardened masses representing the glands. The neighboring glands are also affected by a process of sterilization wherever the ray has penetrated.

The technique of the operation is given by Johnston (Pa. Med. Journal, July, '07) as follows: "A self-regulating tube is set to give a penetration sufficient to affect the deep glands. It is enclosed in a protective shield and

there is a filter imposed between the tube and the patient. The tube is placed at a distance of ten inches, a current of one and one-half milliamperes is employed for ten minutes or longer at the discretion of the operator three times a week, care being taken to have no unnecessary degree of reaction, although a moderate dermatitis is usually followed by quick response in the glands themselves. In from thirty to, fifty treatments the desired result is usually obtained."

The consensus of opinion as to the advantages of the X-ray by those who have had large experience in its use with these troubles may be briefly summed up as follows: Reinfections are fewer in number—and more amenable to additional X-ray treatment. It is more thorough as to deeper glands and many not amenable to operative procedures can be reached. It is free from pain. There are no unsightly scars left. There is no death rate.

The chief and probably the most forcible objection brought against radiatherapy is that sufficient time has not yet elapsed to demonstrate the claim of a permanent cure. It is sometimes several years after a surgical operation before reinfection occurs, and the X-ray has only six years so far to its credit. The tediousness and expensiveness of the treatment are also urged as disadvantages.

These troubles demand early interference and probably the best course of procedure is to remove the larger and more accessible glands by surgical interference, to be followed by a course of X-ray treatments to destroy any focus of infections not reached by the surgeon. Early recognized and slightly enlarged glands can be better reached by the X-ray alone.

A Cause of Night Terrors of Children.

The Journal of the American Medical Association discusses editorially the pathology of dreams with especial reference to night terrors in children, and gives as one reason therefor the character of the literature and the stimulation of the child's imagination occasioned by it which rather encourages their frequency. It has been noticed by several observers that these night terrors in the child are more pronounced on Sunday and Monday nights, probably coming from the reading of the illustrated supplements of the Sunday journals. These have a tendency to undue excitement of the imagination, and while there are exceptions to the character of the illustrations, the possibility of harm is evident. Children's imaginations should be kept from running riot. The editorial in question closes as follows:

"In general it may be said that, in both adults and children, the cultivation of dreamless sleep is an ideal to strive for. Many neurasthenic patients would suffer less from the tired feeling which is always so prominent a part of their symptoms, especially in the morning hours, if there was not that partial wakefulness during the night which is indicated by the tendency to dream. The mental side of therapeutics for these cases would involve a deliberate curtailing of any indulgence in reading or gazing at pictures which might tend to increase dreamfulness. This is as important an adjunct to the treatment of such patients as the cutting off of stimulants, tea, coffee, drugs, alcohol and the like, as may disturb their nervous systems. As a matter of fact, the reading habits of most nervous patients need quite as

much supervision as their dietic habits. This is a matter which has not always been appreciated, but which completes the rational therapeutics of these cases, and which is especially valuable in both adults and children, because it constitutes a valuable addition to the most important and helpful side of practical medicine—prophylaxis."

Maternal Eclampsia as a Cause of Early Nephritis in the Child.

Grulee reports (Archives of Pediatrics, July, 1907,) the history and post-mortem findings of a case of infantile nephritis, born of an eclamptic mother. He quotes Bar's conclusions on the reports of 17 antopsies of children, born of eclamptic mothers that "the lesions are those of toxemia and that, since the lesions are less marked than those of the mother they are therefore secondary."

Dicust, Vecchi and Gilmore are also quoted as finding evidences of toxemia under these conditions. The last mentioned writer in his studies concludes that "prenatal impairment of the kidney, does predispose and is an almost universal factor in producing an early post natal nephritis."

From the reports of other observers, and his own investigations, our author arrives at the following conclusions:

"Though we cannot draw too far-reaching conclusions from the few cases here reviewed, we can, at least, say that a certain proportion of children born of eclamptic mothers come into the world with kidney functions markedly impaired. Though a large number of these children are born dead, and another portion, as the one here mentioned, die soon after birth, still a

certain number survive the immediate postnatal period.

No matter how we regard puerperal eclampsia, whether as a clinical entity, or a group of many different forms of toxemia, we must admit the probability of the poison passing through the placental walls and, therefore, the involvement of the fetal organism.

"Therefore, it seems to me to be justifiable to regard eclampsia in the mother as one of the causes of the so-called 'idiopathic' nephritis which we encounter in children. How important a factor it might be remains to be determined by extensive clinical investigation."

Treatment of Gleet.

Foot treats of the multiplicity of pathological conditions that may give rise to the "presence of a discharge of a chronic nature at the urinary meatus, most often noticed on getting up in the morning," generally termed gleet (Cleveland Med. Jour., June, '07.). While the troubles to the victims of this discharge are often psychic rather than physical, yet they are none the less worthy of notice, and indeed the large per cent. of cases is due to some pathologic lesion. Of these there are several, chronic urethritis is the most common and we should always determine as to whether the gonococcus is still present and its location. Chronic postatitis, and vesiculitis is another condition often overlooked. Tumors, foreign bodies and calculi. These are best diagnosed by the enoscope. Vigorous erections in the early morning due to a full bladder sometimes is accompanied with a few drops of mucus. Sexual over-stimulation, perversions, masturbation and stimulation without grati-

fication often produce a thin discharge or perpetuate one already in existence, and finally constitutional conditions may determine the affection in persons with previous prostatic or urethral disease.

Gleet though a symptom should not be treated simply as a *symptom*, but with due reference to the pathologic condition.

"In closing I should like to emphasize the following points: 1, Gleet is ordinarily a symptom of some local or constitutional affection. 2, In the large proportion of cases, we have to do with chronic urethritis or prostatic disease. 3, In most cases the cause can be easily found, and the condition cured. 4, In general the most important factors in the successful treatment of these cases are endoscopy, gradual dilation of the urethra to its fullest capacity, instillations into the deep urethra, the treatment of any prostatic trouble, intravesical irrigations, and the regulation of the habits and constitutional condition of the patient. 5, Overtreatment is often the cause of keeping up a gleet, therefore, after several months of well-directed treatment, stop all local applications, and you may find that the discharge will stop. 6, There will be a small percentage of cases, which will resist every kind of treatment, although they will become fewer and fewer as our methods become more accurate and scientific."

Pure Drugs.

(Notes and Abstracts of a Paper by Dr. Wiley.)

The question of securing pure drugs is one of paramount importance to both physician and patient. Its discussion has taken a wide range during the last

few years, and especially during the months immediately preceeding and following the putting in operation the new Federal Pure Food law. In this discussion Dr. H. W. Wiley, Chief of the Bureau of Chemistry, U. C., Department of Agriculture, has rendered signal service, and adds the debt the public and profession owe him, in a paper read before the American Therapeutic Society in May last (*Monthly Cyclopedia*, June, '07.). In this he calls attention to some adulterations of drugs, and some remedies concerning them.

Attempts to control the character of drugs in the United States have been in vogue since 1840, and federal statute was passed in 1848 relative to the importation of adulterated drugs. Dr. Bailey, at that time Inspector of Drugs, at the port of New York, gave the Congressional Committee reporting on the question much useful information as to adulteration of drugs, stating that fully one-half the drugs coming to the port were either adulterated or had deteriorated in value.

Wiley estimates that there are at least 50,000 different kinds of drug products at present placed on the market in the United States. Of these only 1,500 are described in the *Pharmacopoeia* and *National Formulary*. Possibly only 25 per cent. are affected by the recent statute, so we have 40,000 of drugs in which only the misbranding clause is applicable. Fortunately this clause is very comprehensive, and under it misleading statements as to its compositions or extravagant claims concerning the virtues of an advertised remedy, are held to be violations of the statute. The "cure all" and "sure cures" for different incurable diseases come under its ban.

We believe, with Dr. Wiley, that the manufactures as a general thing are trying to give the profession the best grade of drugs science and care can produce. We were not aware though of some practices indulged in by a few disreputable manufactures. For instance, elixir of valerian was known as a nerve sedative, but as it did not appeal to as large a number of customers as was wanted, some manufactures added morphine sulphate to the preparation. Of course the users of this preparation soon developed a "dope" habit.

Dr. Wiley calls attention to the incompetency of many of the manufactures and venders of drugs and medicines. He meets with individuals devoid of the most rudimentary knowledge of medicine or pharmacy who are allowed under our national and state laws to concoct and sell almost any agent they choose and sell direct to the customer. He offers as a remedy for this that no one should be allowed to advertise or offer for sale in any community any remedy of any kind, who has not passed an examination in medicine or pharmacy.

He notes the wide spread objections on the part of manufactures to the *Pharmacopoeia* as the legal standard of drugs. He thinks this standard possibly higher than can be reached ordinarily, but believes the *Pharmacopoeia* was devised to secure a high grade of purity in products and certain standards of quality, and when manufactures secure these ends they have complied with the requirements of the standards.

As great as is the responsibility of the inspector and manufacturer in giving as pure drugs there is still another factor in this question that touches the profession more closely still, and on

which Dr. Wiley speaks in no uncertain terms as can be seen from the following extract from his address:

"I cannot close these remarks on pure and honest drugs without calling attention to some faults in the medical profession respecting them. I fear it is too much the practice in modern medical education to neglect some of the fundamental principles which it seems to me every physician should master, namely, the principles of medical chemistry, of pharmacy and of therapeutics. While I admit that the promiscuous mixing of drugs is for the most part purely empirical, it does happen that in the study of particular cases certain changes of the quantities of the ingredients of a prescription are indicated, hence the practicing physician must regard as a necessity the possession of ability to properly adapt a prescription to the needs of his patient. Ready-made clothes, I will admit, are cheaper and as a rule are quite presentable. Even those who are subject to the edicts of fashion are not free from wearing certain "hand-me down" garments, such as hats and shoes, but the well-dressed gentleman depends upon his tailor to fit his clothes, while for working purposes and for general use the ready-made article may be employed. So it is true that in the practice of medicine the drugs which are manufactured in large quantities for specific purposes may be very generally employed, but the real art of the physician in the administration of medicines is the composition of the prescription. We all know it is much easier to say to a patient, instead of writing a prescription, "go to the drug store and get a bottle of such or such a remedy;" that requires no attention, no study, and no care. But

that is not practicing medicine—that is aiding the sale of proprietary remedies. Therefore, it seems to me that it is just as important that the physician should be ready, able, and willing to write a prescription as that he should expect the druggist to have on his shelves, pure and honest drugs with which the medicine prescribed may be compounded. Thus the two great professions working together will be able to secure the blessings of pure goods and pure drugs, which should come as a right to every consumer."

The Charlotte Sanitarium.

By way of announcement the Journal calls attention to the realization of a plan which will give Charlotte and the Piedmont Section one of the finest private hospitals in the South. The company, of which Mr. D. A. Tompkins is president, and Dr. W. D. Witherbee, secretary, will have nine directors. They are: Drs. A. J. Crowell, E. R. Russell, C. M. Strong, W. O. Nisbet, W. D. Witherbee, E. C. Register, J. P. Munroe, Geo. W. Pressley and Mr. D. A. Tompkins. A lot has been purchased on the corner of 7th and Church street, one of the most delightful and desirable places in the whole city.

A building committee will at once take up plans with an architect and within a very short time work will commence. It is the intention of the owners to have it ready to receive patients by next April. A large, commodious, fireproof building of grey pressed brick with at least 50 private rooms for patients, perhaps 30 rooms for other purposes, will be erected. The cost will be not less than \$65,000 or \$75,000. Sun parlors, nurses' rooms, a Baruch System of Baths, operating room, and

an elaborate room for X-ray and electric appliances of most modern character will be provided. When completed it will be one of the most thoroughly equipped and attractive hospitals of its kind in the South.

Before adopting any definite plans the committee appointed for the purpose will visit a number of the most up-to-date hospitals in various parts of the country with a view to giving the Charlotte Sanitarium the very best features possible.

It means something for Charlotte, it means something for the whole section. Within the past ten years hospitals have come to occupy a very large place in the South and our people are beginning to realize that it is no longer necessary for them to go elsewhere for treatment. Almost every town of any size has a hospital which is frequently filled to overflowing. However, in this portion of the state there is no hospital which attempts to embrace so large a scope as the promoters of this new institution intend that it shall do. Much attention has been paid to surgery in hospitals, but the medical side has been neglected, at least not seeming so attractive it has not been developed as might have been done. The Charlotte Sanitarium will emphasize internal medicine and denote a large part of its work to strictly medical cases. Yet it is not intended to depreciate or neglect surgery, for ample provision will be made for all classes of surgical patients.

When ready for the patients, about April 1, 1908, the Charlotte Sanitarium will be manned by a staff of well-equipped physicians. Dr. E. C. Register will have charge of the medical department. He graduated from the University of New York and has studied abroad.

He is the editor of Charlotte Medical Journal and professor of practice of medicine in the North Carolina Medical College.

Dr. W. O. Nesbit, who will treat the diseases of the digestion, is one of the best-known specialists in the State. He was educated in the North and at the South Carolina Medical College and abroad. He is professor of the diseases of the digestion in the North Carolina Medical College.

Dr. E. R. Russell, a graduate of the University of Maryland, will practice on the eye, ear, nose and throat. He took his special course in New York, was assistant to Dr. Hiram Woods, of Baltimore, for a year and studied in Vienna before coming to Charlotte. He is professor of the eye, ear, nose and throat of the North Carolina Medical College.

Dr. C. M. Strong, who, with Dr. Pressley, will be in charge of surgery and gynecology, is professor of the diseases of women in the North Carolina Medical College. He graduated in medicine from the University of Maryland, and has taken special courses in New York and Philadelphia. Since coming to Charlotte he has made a substantial reputation as a surgeon, being surgeon to the Presbyterian and the Good Samaritan Hospitals.

Dr. G. M. Pressley is professor of surgery in the North Carolina Medical College, and his reputation as a surgeon is by no means confined to this locality. He is a graduate of Jefferson Medical College and has had a wide experience. Along with Dr. Strong, he will have charge of the surgical side of the institution.

Dr. A. J. Crowell, one of the leading specialists in the State, will treat the genito-urinary and rectal diseases. He

is a graduate of the University of Maryland, and is professor of genito-urinary and rectal diseases in the North Carolina Medical College.

Dr. W. D. Witherbee will look after the cancer and skin disease patients. He was educated at McGill University, Montreal, Canada, was assistant to Dr. W. J. Morton, of New York City, for a time, and later studied in London and Vienna two years. He is professor of skin diseases and electro therapeutics in the North Carolina Medical College, being the only specialist of the kind between Richmond and Atlanta.

Dr. J. P. Monroe, president of the North Carolina Medical College, will probably have charge of nervous diseases and will be associated with Dr. Register in medicine. He has been very successful with the North Carolina Medical College and his work has accomplished much good in the State. He is a man of learning and ability.

With an appropriate building and this contingent of well-known physicians the Charlotte Sanitarium should succeed from the very beginning. The purpose of the hospital is to cure people. Just as much attention will be given to the treatment of diseases with medicine as with surgery. Neither branch will be neglected.

The hospital will be non-sectarian and non-denominational. In taking this step the professional men concerned realize that Charlotte is in the centre of a fine country and that a hospital with the most modern conveniences, equipment and methods is needed. The towns around Charlotte have hospitals of their own but it is the intention of the directors of the new institution to surpass anything in this section of the South so that a person can get as good

treatment here as he would in Baltimore or New York or Philadelphia.

In connection with the hospital will be a training school for nurses. Special arrangements will be made so that patrons in or out of town can be supplied with nurses on demand. This department will be in charge of an efficient superintendent and be given special attention.

LAW AGAINST SUBSTITUTION.

Amendment to Section 401—Penal Code State of New York.

Section 401 of the Penal Code has been amended so as to read as follows:

Any person, who, in putting up any drug, medicine or food or preparation used in medical practice, or making up any prescription, or filling any order for drugs, medicines, food or preparation puts any untrue label, stamp or other designation of contents upon any box, bottle or other package containing a drug, medicine, food prescribed, ordered or demanded, or puts up a greater or less quantity of any ingredient specified in any such prescription, order or demand than that prescribed, ordered or demanded, or otherwise deviates from the terms of the prescription, order or demand by substituting one drug for another, is guilty of a misdemeanor; provided, however, that, except in the case of physicians' prescriptions, nothing herein contained shall be deemed or construed to prevent or impair or in any manner affect the right of an apothecary druggist, pharmacist or other person to recommend the purchase of an article other than that ordered, required or demanded, but of a similar nature, or to sell such other article in place or in lieu of

an article ordered, required or demanded, with the knowledge and consent of the purchaser. Upon a second conviction for a violation of this section the offender must be sentenced to imprisonment, for a term of not less than ten days nor more than one year, and to the payment of a fine of not less than ten dollars nor more than five hundred dollars. The third conviction of a violation of any of the provisions of this section, in addition to rendering the offender liable to the penalty prescribed by law for a misdemeanor, shall forfeit any right which he may possess under the law of this state at the time of such conviction, to engage as proprietor, agent, employe or otherwise, in the business of an apothecary, pharmacist or druggist, or to compound, prepare or dispense prescriptions or orders for drugs, medicines or foods or preparations used in medical practice; and the offender shall be by reason of such conviction disqualified from engaging in any such business as proprietor, agent, employe or otherwise, or compounding, preparing or dispensing medical prescriptions or orders for drugs, medicines or foods or preparations used in medical practice.

Section 402. This act shall not affect or impair any liability, penalty or punishment under the provisions of section four hundred and one as the same existed prior to the time this act takes effect, but the same may be enforced, prosecuted or inflicted as fully and to the same extent as though this act had not been passed; and all actions civil or criminal instituted under or by virtue of said section as the same existed prior to the passage of this act, and pending immediately prior to the taking effect hereof, may be prosecuted and defended to final effect in the

same manner as though this act had not been passed.

Section 403. This act shall take effect September first, nineteen hundred and seven.

Boric Acid as an Eye Wash.

Boric acid has long been used in a saturated solution as an eye wash. Hamburger explains that the reason this solution proves itself so valuable is that it is isotonic with the tears, and thus forms an ideal medium with which to cleanse the delicate epithelium of the cornea and conjunctiva. The density of the tears is about one and a half times that of the blood plasma, corresponding to a sodium chloride solution of about 14:1,000. This just about equals the density of a saturated solution of boric acid at normal temperature.

Pruritus of Obscure Origin.

In nothing is it so true, "find the cause and then remove the disease," as in pruritus. Spiethoff (*Muenchner Med Wochenschrift*), in a case of pruritus of obscure origin, after a thorough investigation found present a high degree of indicanuria, which proved to be dependent on an unsuspected acalordia gastrica. The condition was completely controlled by the administration of hydrochloric acid with meals, and the pruritus disappeared at the same time. On discontinuing the treatment both conditions returned, but disappeared on resuming the acid.

ABSTRACTS.

The Use of Adrenalin During Ether Anesthesia.

(By CHARLES S. VENABLE, M. D., Charlottesville, Va.)

From the Virginia Medical Semi-Monthly, February 22, 1907.

Recognizing that my experience in the use of Adrenalin during ether anesthesia is but very limited, covering a course of only eighteen cases, and knowing the many fallacies attendant upon too early conclusions, I feel a great hesitancy in making this report. However, owing to the uniform result that has attended its use, I am prompted to do so now.

I found that 25 per cent. aqueous solution of the standard 1 in 1000 gave the best results, and that by first pouring ether in the towel cone and spraying the Adrenalin solution on it, depending on the ether to vaporize it sufficiently for inhalation, was the best mode of administration. Three to six minute intervals are sufficient for its use and a total of from one-half to one ounce of this solution is enough for an operation lasting from thirty minutes to an hour. The effects are a more uniform etherization, the pulse becoming steadier, slower and of better character more rapidly than under ether alone; respirations are quiet and regular, the bronchial secretions are practically checked, and the progress of the operation is not interrupted.

These cases were not selected, and among them were old alcoholics; two women over sixty, one of them nearly eighty years of age. Three were very long tedious operations, lasting over two hours, and in none of the series

was any stimulation required during the anesthesia.

Recovery from the anesthetic was uniformly good; there was practically no post-operative shock, and no stimulation was needed in any one of the cases; only two patients vomited at all and very little nausea was complained of.

From the foregoing facts I conclude that owing to the contraction of the smaller vessels the bronchial glands secrete less mucus, and there is better aeration in the bronchioles and pulmonary vesicles, less ether is required to produce anesthesia and there is less probability of ether pneumonia following. The Adrenalin, acting generally from absorption, is a powerful stimulant; it materially lessens shock, lessens the capillary ooze at the field of operation, and is of great benefit to the much weakened patient.

The Cure of a Case of Osteomalacia.

In an article on the suprarenal glands and osteomalacia, in the *Munch. Med. Wochenschrift*, 1907, P. 278, L. M. Bossi, of Genoa, describes the almost marvelous cure of a serious case of osteomalacia by subcutaneous injections of Adrenalin. The patient was a multipara, 38 years of age, who was *cunctante* in the eighth month and had a well defined osteomalacia. After seven hypodermatic injections of Adrenalin, each of which consisted of 1-2 ccg. of Adrenalin of the 1-100 solution, the patient fully recovered.

The Treatment of Scabies by Balsam.

The treatment of scabies in military hospitals is disappointing. The average detention in hospital for the disease, and for the treatment of the dermatitis which usually results from the vigorous application of the preparations of sulphur, is seldom under fourteen days. There is a good deal of difficulty in deciding as to the perfect cure of the patient and as to his fitness to be discharged from hospital. The number of days which these healthy men abide in hospital, and the labor and dirt involved in their treatment are also worth considering. In the military hospital at Berlin and in the Bavarian army cases of scabies are merely detained for the day in the sick-inspection room at their barracks, and are thoroughly rubbed with pure balsam of Peru, which is applied after a hot bath and a plentiful application of soap. It has never been heard that the disease has spread in consequence of the non-isolation of these cases. This treatment used to be carried out in the Italian army, but has been discontinued on account of the expense.

From December, 1905, to December, 1906, every case of scabies in the Colchester garrison has been treated by this remedy. They numbered 51. The patient should lie in a very hot bath for at least half an hour, and be thoroughly scrubbed with flannel and ordinary soap by a reliable orderly. Particular attention should be paid to parts which are obviously much affected by the disease. He is then quickly dried and varnished all over with a mixture of balsam of Peru 3 oz. and glycerine 1 oz. This application—best applied by a soft, worn nail brush—is well rubbed into the skin. The above quantity

will be found sufficient to varnish an ordinary sized man. He then puts on hospital clothing, the cotton shirt being worn next the skin. His ordinary clothing and his barrack bedding are sent to be disinfected. In very bad cases it is advisable to give a second rubbing to the worst places next morning. A supply of cotton drawers and undershirts would be very useful for these cases and would have soiling of the hospital clothing.

No patient who has been properly varnished has ever reported that his next night's sleep has been disturbed by itching; and if the remedy has been faithfully applied according to the above instruction, that is the end of the case. If it were possible to disinfect the patient's uniform and bedding while he is being rubbed, there would be no necessity to admit him to hospital at all. All these cases come up for observation once a week, for three weeks. The average detention in hospital has been about three days.

At the present time, it is a little uncertain whether the ova are killed at the same time the parent undoubtedly is, within the first few hours. For this reason it is thought advisable to prohibit bathing for seven days. Further observation may show that it is possible to reduce this period to three or four days.

For use on transports, and in large out-patient departments of civil hospitals, this treatment should be most valuable. Balsam of Peru can be purchased at 4s. 6d. per lb. One shilling would therefore cover the cost of the whole treatment of one patient apart from baths and disinfection of clothing.

In military practice, the great features of this method as compared with

preparations of sulphur are (1) the possibility of returning men to their duty after a few hours' detention in hospital; (2) the absolute certainty that the acarus has been killed; (3) the ability to dispense with a ward which has to be kept for the treatment of these cases. This treatment was introduced at Colchester by Lieutenant-Colonel S. C. B. Robinson, R. A. M. C.—F. J. W. Porter in *Brit. Med. Jour.*

A Perients and Peristalsis.

Pfaff and Nelson, of Boston, have observed the effect of drugs on the phenomena of peristalsis in the stomach and intestines. In their studies the so-called segmentation of the intestinal contents, which has been discussed during the past eight years and has been described as a normal function of intestinal peristalsis, has not been once observed. Of the drugs used, croton oil, aloes and podophyllin increased markedly the peristalsis of the whole gastro-intestinal tract. The stomach peristalsis was much intensified. With aloes the peristalsis waves began high in the stomach fundus and made very deep contractions. Their number was decreased, but in spite of this the organ emptied itself very rapidly. Scammony, jalap, gamboge, elaterium, euonymin, and frangula increased very slightly the gastric peristalsis, but markedly that of the large and small intestine, both in the salt solution and the X-ray experiments. Scammony and gamboge also caused increased diarrhetic defecation. Cascara increased intestinal peristalsis,

and also caused defecation under the X-ray. Tincture of rhubarb gave negative results, but the infusion increased peristalsis and caused non-diarrhetic defecation. Strong solutions of senna increased peristalsis and caused diarrhetic defecation, but with the X-ray and the saline bath. Sodium sulphate increased peristalsis and caused watery discharges. Sodium phosphate acted similarly, but did not increase the gastric peristalsis so much. The authors express the hope from their experiments that aloes, podophyllin and the salts may be of value in the atonic conditions of the stomach.

Safe Hypodermic Anesthesia for Major Surgical Work.

Numerous physicians have reported ideal results from anesthesia with hyoscine, morphine and cactin compound (Abbott). This combination is also good for false pains, pending miscarriage, especially from excess of fetal activity. It also has a superior efficacy in relieving the atrocious pains of renal and hepatic colic, where it leaves the old morphine-atropine combination hopelessly in the rear.

ALETIC CORDIALRIO represents one of our most reliable indigenous agents for uterine ailments. Reports of its efficacy in numerous cases of amenorrhea, dysmenorrhea and menorrhagia affirm its value in the treatment of these cases.

NEWER MATERIA MEDICA.

Therapeutical Indications; With Clinical Notes.

(By C. W. CANAN, B. S., M. D., Ph. D.)

We desire to call the attention of the medical profession to a new pharmaceutical product possessing valuable therapeutic virtues in many diseases peculiar to women. This remedy is known as "Erogoapiol" (Smith), and since its introduction to the profession it has rapidly gained favor with our best physicians. It is strictly ethical, manufactured from the purest drugs and advertised only to physicians.

It is the result of an original combination of the following remedies: apiol, ergotin, oil of savin, and aloin, all of which are freed from toxic and deleterious substances. These agents are blended in such proportions as to overcome the powerful irritating qualities of each and raise the tonic properties of all. A glance at the therapeutical indications of these remedies singly will convince the most sceptical of the virtues of "Erogoapiol"—the result of their combination.

Since the days of Jaret, Homolle and Baillot, apiol has gradually grown in favor as a therapeutical agent, but until recently it had one decided drawback, that of containing deleterious and toxic impurities in combination. Recently, through the skill of the never-tiring pharmacist, these have been eliminated, and it can now be prescribed without fear of producing disagreeable symptoms, but with an assurance that its full therapeutical virtue will be realized. Even in its impure state apiol gained considerable reputation in the treat-

ment of nephritis, dropsical effusions, amenorrhoea and dysmenorrhoea. Its emmenagogue properties have been greatly enhanced by the removal of all impurities. In small doses it now became a mild aromatic stomach tonic; it is also highly recommended in membranous dysmenorrhoea. The therapeutical value of ergotin is too well known to call forth comment here.. Combined as it is in "Erogoapiol," it becomes an excellent adjunct to apiol, and adds very materially to the efficiency of the finished product.

All students of medicine are aware that oil of savin is a powerful and valuable stimulant to the uterine system, and is one of the most potent emmenagogues known. It is also a powerful gastro-intestinal irritant, and therefore is seldom prescribed alone. But when combined with certain correctives, as it is in "Erogoapiol," it becomes a valuable addition to the drugs already named—apiol and ergotin.

Since the discovery of the methods of producing aloin from the different brands of aloes this drug has become very popular, and has taken the place of the crude drug to a considerable degree. Aloin enters into almost every emmenagogue pill and mixture. Its value as a therapeutical agent is so well known that it is not necessary for us to speak of it in detail; yet we desire to say that its addition to the drugs in question aids very materially in making "Erogoapiol" so valuable a combination. Being a mild stomach tonic, it aids in overcoming the irritable qualities of the savin; also acting as a hepatic stimu-

lant, freeing the portal circulation and relieving the torpid condition of the lower bowel, it goes a great way toward relieving that condition so often present in diseases of women—pelvic engorgement. These qualities make it an ideal adjunct to the emmenagogues mentioned.

Our attention was called to "Ergoapiol" (Smith) through a reprint from a St. Louis journal. This reprint gave the names of remedies entering into the combination. We at once concluded that this product would be a useful one, and securing a supply we began prescribing it whenever indicated.

The results were even greater than we had anticipated. From the beginning we have kept clinical notes of each case, some of which will be recorded in this article. "Ergoapiol" is a mild, aromatic stomach tonic, anodyne, antispasmodic, and hepatic stimulant. It is also a laxative, an idea emmenagogue in the full sense of the term, and exerts a decided tonic influence upon atonic conditions of the pelvic viscera. It is indicated to a greater or less extent in all forms of dysmenorrhoea, viz., atonic, congestive, obstructive and membranous. In true obstructive dysmenorrhoea due to actual stenosis of the uterine canal, to a sharp flexure of the organ, or to the valve-like action of a clot or a polyp it is seldom indicated because this form of organic dysmenorrhoea requires either surgical operations or mechanical means to effect a cure. However, good results may be expected from its use after such operations have failed to complete a cure or to relieve the suffering. It is even useful in the form where clots cause the trouble by their mechanical obstruction, and we have seen its administration cause the pas-

sage of a polyp in one patient. Good results may be expected from its use in that form of dysmenorrhoea known as membranous, due to an exfoliation of the endometrium in the form of a membrane. In amenorrhoea it is far superior in value to any remedy we have yet tried, if the cases are properly selected. Amenorrhoea due to taking cold at the menstrual period, or caused by shock, can be relieved with the remedy in question.

This remedy is occasionally beneficial in certain forms of metrorrhagia, after operations to remove fungoid or polypoid growths or after curetting the uterus. It is a remedy of great value in menorrhagia, especially in that form due to faecal impaction, with torpidity of the liver in persons nearing the menopause. Where this trouble occurs in a plethoric and indolent subject the following plan of treatment will generally be all that is necessary: Begin three or four days before menstruation is due and give one brisk mercurial purge, then follow with "Ergoapiol," one capsule three times per day. If this plan is carried out for several months at each menstrual period, a cure will be the result.

"Ergoapiol" is especially indicated when disturbances of menstruation occur in feeble and anaemic women. It should be alternated with some form of iron in such cases.

There is a condition in which the patient's menses are regular as far as time is concerned, but the flow is very scant, exceedingly thick, tarry in color, with an offensive odor. The patient suffers pain and weight in the pelvis and back; is despondent, loses flesh and strength, and may or may not suffer from various reflex disturbances. In

this state of affairs "Ergoapiol" will be found a sheet anchor.

Before recording the clinical notes gathered while prescribing the drug under consideration, we wish to call attention to one or two important things before leaving the subject. The first is that form of amenorrhoea that is brought about by constitutional disease, such as tuberculosis. In these conditions it is a common occurrence to have women insist on their physicians giving them something to bring on menstruation, thinking that its absence is the cause of their condition, when the fact is, the stopping of menses is only a wise provision of nature to prevent faster decline of vital forces. The course to be pursued is to treat the constitutional disease, and when a cure of the latter has been accomplished, this form of amenorrhoea will generally take care of itself. However, when the patient's general health has been restored and the function fails to return, then "Ergoapiol" can be prescribed with good results. Our second subject is that of prescribing emmenagogues indiscriminately without regard to the cause of amenorrhoea. Women who know or suspect themselves to be pregnant, frequently consult a physician in the hope that, in the attempt to bring on menstruation, he will really succeed in causing abortion. Whoever, under such circumstances, prescribes "Ergoapiol" with the understood purpose of inducing the menstrual flow, is liable to have criminal charges brought against him in case abortion actually does take place, even as the result of something the woman has taken or done herself. Before prescribing "Ergoapiol" in emenorrhoea the physician should satisfy himself that pregnancy does not exist, and

in case of doubt he should decline the management of the case, unless he can protect himself by securing some trustworthy consultant who will share the responsibility of the case.

General Anesthesia by the Hypodermic Method.

The rapidity with which the Abbott-Lanphear method of anesthesia has advanced in the confidence of the profession is unparalleled. The method is simple, easily used, requires less assistants in surgical operations, is acceptable to the patient, is remarkably free from danger; is devoid of after effects to a greater extent than inhalation anesthesia, is recovered from promptly and can be adjusted to nearly all patients. Its most marked influence is in the slowing of the respiration, which is apt to alarm those who have not proven that no harm results, the respiration being that of deep sleep. The use of hyoscine instead of scopolamine is a great improvement on the original method, and the introduction of this substance, by R. D. Abbott, and of cactus in the form of cactin in the compound, hyoscine, morphine and cactin comp. (H. M. C. Abbott) has added a safeguard which is invaluable, and which in time will be fully appreciated. Abbott has the confidence of the profession because he makes good. On his presentation it was promptly tried and another success is scored.

Antiseptic Liquid Soap.

R Saponis Mollis

Katharmon

Aquaeaa ʒiv

Alcoholisʒij

Misce et adde

Acidi carboliciʒj

Codeine Safety Again Demonstrated.

Dr. E. L. McKee, of Cincinnati, O., speaking of Codeine, in the *Denver Medical Times*, says: "This drug, according to Butler, is one-fourth as toxic and effective as morphine. It is less depressing and more stimulant, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal, pharyngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabetes, and it has been used for long periods without the formation of the drug habit, inasmuch as when glycerine was brought to a termination by dietary and other measures, the cessation of the use of codeine was not followed by any special distress. The effects of codeine on the alimentary canal are remarkable, in that it assuages pain as well or better than morphine, and nevertheless does not check the secretions or peristalsis notably, unless the latter is excessive as indysentery. The statement that codeine is simply a "little morphine," only differing from the latter in the size of the dose, is an erroneous view, as can be ascertained by any one who closely observes the action of the two drugs."

Codeine in connection with antikamnia has stood the test of exhaustive experimental work, both in the laboratory and in actual practice, and they are now accepted as the safest and surest of this class of remedies. Therefore, "antikamnia and codeine tablets" afford a desirable mode of administering these two valuable drugs. The proportions, antikamnia 4 3-4 grs., codeine 1-4 gr., are those most fre-

quently indicated in the various neuroses of the larynx, as well as the coughs incident to lung trouble, bronchial affections, grippal conditions and summer colds.

THE GLYCEROPHOSPHATES are indicated in all cases of nervous impairment due to overwork or excesses in asthenic nervous maladies, mental depression, and whenever it is desired to increase the nutrition of the nerve-cells and stimulate their activity. In neurasthenic conditions characterized by vertigo, occipital headache, unsteadiness of gait, or inability for physical or mental effort, great improvement attends their use. In the premature advance of age, and in senility attended by general debility, the benefits from their protracted use are striking. They greatly relieve hysteria, and are useful in chronic neuralgia, sciatica and convalescence from la grippe, and acute infectious diseases. The most stable and economical of the preparations of the glycerophosphates is the glycerole or so-called syrup of the *acid* glycerophosphates of lime, soda, potash, manganese and iron with strychnine (Huxley), which is very concentrated, since 1 drachm (a physiologic dose) contains 4 grains of the combined salts. They are beginning to be prescribed in conjunction with the formates of the same salts by some French physicians, since these are great muscle tonics, stimulating the voluntary and non-striated muscular system.—*International Therapeutics*, Oct., 1906.

ALLETTRIS CORDIAL-RIO is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

Digestive Secretions.

The stimulation of the secretory glands produced by the action of Seng, is a most excellent method to restart the process of digestion.

In those run-down and emaciated patients, and after lingering diseases, Seng will prove most serviceable in building up a normal digestion. It can also be advantageously used as a vehicle in general treatment when a digestive accrement seems desirable and indicated. The good results following this form of treatment has been very favorably mentioned by many practitioners.

The J. A. M. A. propaganda in favor of U. S. P. and N. F. pharmacal products as against the better class of proprietary pharmaceuticals as well as the hords of what are usually grouped together as "nostrums" meaning preparations whose formulas are not published although the products themselves are advertised only to the profession in its last analysis throws the burden of production upon the large pharmaceutical houses because the average competent pharmacist while an able prescriptionist and in the majority of cases an honest man by preference has too incomplete an equipment to enable him to make all of these products with the required accuracy, uniformity, elegance, standardization and yet without waste as by loss of alcohol for example.

He may be willing and indeed able to assay his opium or his aconite as crude drugs and his fluid extracts of them as finished products but has he as a rule the necessary apparatus with which to conduct this important work?

The U. S. P. demands the assay of

everything assayable. Even if the retailer buys assayed opium and aconite and carefully makes up his fluid extracts of them he must be able to standardize his finished products else they will be U. S. P. only in name.

The propaganda in favor of what might be called "home-made pharmacy" would therefore defeat itself if all prescriptions for U. S. P. and N. F. products were to be filled only with the output of the retail pharmacist.

For many and obvious reasons a well equipped laboratory on a large scale, manned by experts, backed by capital and experience and with a reputation for fair, square dealing back of it all can with more exactness, greater despatch and that highly essential uniformity turn out a superior line of official products than could possibly be produced in a small way by even the most conscientious retailer.

It therefore logically follows that this is the real kernel of this much talked of nut and this why one of our old and conservative advertisers has taken this as the topic of his advertising chat this month.

SAL HEPATICA has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food, in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or summer diarrhoea of either adults or children. It is remarkably free from any griping tendency, owing to its antacid and soothing properties.

Bristol-Myers Co., 277 Greene Ave., Brooklyn, N. Y., manufacturers, offer to send liberal samples to physicians, upon request.

BOOK REVIEWS.

True and False Democracy.

By NICHOLAS MURRAY BUTLER, President of Columbia University. The McMillan Co., New York, 1907.

McMillan & Co. publish an address of President Butler delivered before the University of California on Charter Day, March 23, '07. In his address Pres. Butler states that if knowledge is power, surely there are times when ignorance seems more powerful still. That the name democracy is old, but the thing itself is quite new. Until the rise of public opinion, democracy in the modern sense was not possible. The demagogue appeals to the mob; the political leader, the statesman, master his appeal to the people. That the same individuals constitute the mob and the people being a mob when their lower natures rule and a people when their higher natures guide. That the moral education of the individual human being to the point where he realizes the squalid poverty of selfishness and the boundless riches of service, will alone lift civilization to a higher plane and make true democracy secure.

INTERNATIONAL CLINICS—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology,

Otology, Rhinology, Laryngology, Hygiene, and other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M. D., Philadelphia, U. S. A., with the Collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. M. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna. With Regular Correspondents in Montreal, London, Paris, Berlin, Vienna, Leipzig, Brussels, and Carlsbad. Volume II. Seventeenth Series, 1907. Philadelphia and London. J. B. Lippincott Company.

Vol. 2, 17th Series of International Clinics, 1907, contains much choice matter coming from the leading men in the several departments of medicine and surgery. There are a number of good ideas in the article on the "Exhaustion States in Man," by Dr. J. Madison Taylor; "Detection of the Ova of Intestinal Parasites," by Maurice Leutle is well illustrated and discussed in a concise manner; the articles "Perforated Duodenal Ulcer," by Dr. H. S. Clogg, and "Surgical Syphilis," by Charles Green

Cumston, contain a lot of practical, clinical points. All of the matter is of such decided and uniform merit that we would gladly go into detail on each did space permit. We can not commend in too strong terms this publication.

THE PRACTITIONER'S LIBRARY OF GYNECOLOGY, OBSTETRICS AND PEDIATRICS, in Original Contributions, by Eminent American and English Authors. The Practice of Gynecology—Edited by J. Wesley Bovee, A. M., M. D., Professor of Clinical Gynecology in the George Washington University, Washington, D. C. Large octavo, 836 pages, with 382 engravings and 60 full page plates in colors and monochrome. The Practice of Obstetrics—Edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, 1087 pages, with 423 engravings and 30 full-page plates in colors and monochrome. The Practice of Pediatrics—Edited by Walter Lester Carr, M. D., Consulting Physician to the Fench Hospital; Visiting Physician Infants' and Children's Hospital, New York. Large octavo, 1014 pages, with 199 engravings and 32 full-page plates in colors and monochrome. Price per single volume, Cloth, \$6.00; Leather, \$7.00; Half Morocco, \$8.00. Price for any two

volumes, Cloth \$11.00; Leather, \$13.00; Half Morocco, \$15.00. Price for the three volumes, Cloth \$15.00; Leather, \$18.00; Half Morocco, \$21.00.

The July number of the *Annals of Surgery* is largely devoted to the end results of operations for carcinoma of the breast, there being nine articles on this very important subject, the papers being read at the last meeting of the American Surgical Association. In addition to the nine excellent articles mentioned there is an article on the Thymus Gland Treatment of Cancer by Gwyer and several other timely articles by well known surgeons, the whole making a very attractive number.

A Whistler Criticism.

The late James McNeil Whistler was standing bareheaded in a hat shop, the clerk having taken his hat to another part of the shop for comparison. A man rushed in with his hat in his hand, and, supposing Whistler to be a clerk, angrily confronted him.

"See here," he said, "this hat doesn't fit."

Whistler eyed the stranger critically from head to foot, and then drawled out:

"Well, neither does your coat. What's more, if you'll pardon my saying so, I'll be hanged if I care much for the color of your trousers."—"Under the Spreading Chestnut Tree," in the August *Everybody's*.

SELECTIONS FROM OUR EXCHANGES.

American Proctologic Society.

Ninth Annual Meeting, Held at Atlantic City, N. J., June 3 and 4, 1907.

The President, Dr. Samuel G. Gant, in the Chair—Officers Elected.

The following officers were elected:

President, A. Bennet Cooke, M. D., Nashville, Tenn.; Vice-President, Louis J. Krouse, M. D., Cincinnati, Ohio; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Phila., Pa.; and the Executive Council, J. Rawson Pennington, M. D., Chicago, Ill.; Chairman, Samuel G. Gant, M. D., N. Y. City, N. Y.; A. Bennett Cooke, M. D., Nashville, Tenn.; Lewis H. Adler, Jr., Philadelphia, Pa.

The place of meeting for 1908 is Chicago, Ill., the time to be announced later.

ELECTION OF MEMBERS.

The following were elected members of the Society: Dr. Jerome M. Lynch, of New York City; Dr. Jas. A. McVeigh and Dr. J. A. MacMillan, of Detroit, Mich.

The following is an abstract of the principal papers read:

PRESIDENT'S ADDRESS.

The President, Dr. Samuel G. Gant, of New York City, said, "that the annual meetings of the Society were like a Post-Graduate School where advanced information in proctology could be obtained by the members. He considered it unwise to admit to membership in the Society the general surgeon and young rectal specialists of less than five years experience in this special work, because the membership would

become too large and the papers contributed by them would not meet the requirements.

He maintained that the proctologist of the future, in order to be successful, must have a thorough literary and medical education, a hospital training and clinical facilities, and that he must be clever, in both the profession and the laity, as to the remarkably improved methods now employed in the handling of patients suffering from disease in the lower bowels. He also said it was the duty of the proctologist to demonstrate by his work and writing that most tubercular fistulae were curable and that the curing of ordinary fistulae did not tend to bring about lung or skin affections as was formerly believed; that fecal incontinence does not follow fistula operations, when the muscle is cut at a right angle and the wound is properly dressed; that many rectal diseases, such as fissures, ulcers, small fistulae and some hemorrhoids can be operated upon under local anaesthesia; and that in the majority of instances, constipation and chronic diarrhoea are curable by local and surgical measures.

Finally, he emphasized the fact that the etiology of many discomforts, nervous and reflex phenomena, usually attributed to the genital organs is frequently to be found in some pathologic process located in the sigmoid rectum or anus."

REPORT OF PROCTOLOGIC LITERATURE FROM JUNE, 1906, TO JUNE, 1907.

Dr. Samuel T. Earle, Baltimore, Md., read his report on Proctologic

Literature, covering a period from June, 1906, to June, 1907, in which he said, "that while there has been nothing startling in proctologic literature in the past twelve months, your committee is gratified with the steady progress in this branch of medicine and surgery, as has been reflected in the literature on this subject. Especially gratifying have been the recommendations for the radical treatment of carcinoma of the upper rectum and sigmoid, as set forth in the papers of Samuel G. Gant, W. J. and C. H. Mayo, and James P. Tuttle, in which they all recount the combined advantages of the abdominal and perineal routes, which we think will greatly lessen the likelihood of recurrences, and increase the number of permanent cures. We note with pleasure the systematic efforts that are being made in the study of the etiology of pruritus ani. The paper of Wallace of London, in 1905, on the study of this question, stimulated the efforts of others in this direction, and we find an excellent paper by J. C. Hill, of Boston, on the same, in the Boston Medical and Surgical Journal, 1906. In this article, he takes the stand with Wallace that there is always a cause for this malady in which the pruritus is only a local symptom. We quote him as follows: "Pruritus ani is the symptom caused by unnatural moisture or discharges, produced either by lesions about the anus or by congestion, or some pathologic condition in the rectum or sigmoid. It is due to one of five causes. First, and by far the most important, are superficial ulcerations, or abrasions of the anal canal. Second, catarrhal diseases. Third, externad hemorrhoids. Fourth, inflammation or irritation of the crypts of Morgagni. The free

borders or valves of these crypts consist chiefly of nerve fibres, ganglion cells and connective tissue. When inflamed or infected, they may give rise reflexly to pruritus ani. The writer calls attention to the tits which project from the margin of these valves as accessory sense organs. When hypertrophied or elongated they cause many distressing symptoms about the anus, viz., creeping, crawling sensations and itching. Fifth, small polypi of the anal canal."

It is not only necessary to remove the exciting cause of the disease, but, also to direct appropriate treatment to the unnatural conditions of the skin. In this connection your committee is glad to be able to report a number of cases of the aggravated form of this disease, which had failed to respond to the usual local and constitutional methods that were successfully treated by Dr. Ball's recommendation of dividing the anal nerves. These have been reported by Drs. Mattin and Earle.

Dr. Charles B. Kelsey calls attention to the office treatment of hemorrhoids by puncture with the electric cautery. The method is to make numerous punctures with a pointed cautery to the internal hemorrhoids. This method has been used for the past ten years in lieu of that by injection, with most satisfactory results, and without any unfavorable effect. For the details of the method, I would refer to his article in the Therapeutic Gazette for March 15, 1906. The reviewer would respectfully report with reference to this suggestion, that about ten years ago he tried in a number of cases, but with only temporary success where the hemorrhoids were large. It answered very well in small capillary hemorrhoids. J. A. Hartwell in the Annals

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of Surgery, Philadelphia, for 1906, Vol. 43, page 146, reports a case of resection of the rectum for syphilitic stricture, with end to end anastomosis. As might have been predicted, it recurred, and while it was necessary to continue dilating, he was not hopeful of results. Your committee would remind its members that such radical measures seldom accomplish the desired results, as recurrence is almost inevitable.

"ADDITIONAL EXPERIENCE WITH A
NEW PROCEDURE IN OPERATING
FOR ANO-RECTAL FISTULA."

Dr. J. R. Pennington, Chicago, Ill., who said: "I have found the employment of the seton in operating on cases of anorectal fistula greatly aids in preserving the contour of the anus and the functions of the sphincter muscles.

The technique in using the seton is as follows: After all of the fistulous tracks external to the sphincter are divided a probe-pointed director is passed into the bowel through the remaining tract and an incision made on its distal side. This incision should extend far enough distally to divide all or a part of the fibers of the external opening at or near the anal margin. Then, turning the knife, make an incision—Salmon's "back cut"—on the proximal side of the tract. A seton is then passed through the opening entering the bowel and tied loosely around the tissues remaining and undivided.

The wound is dressed as after the ordinary incision operation for fistula. At the end of twenty-four to thirty-six hours the wound is re-dressed, care being taken to dress it so that the opening entering the bowel will be made to heal from the proximal toward the dis-

tal side. The object in doing this is to advance the final fistulous tract as far distally (toward the skin) as the case will permit, so that, if possible, it will pass through or distally to the fibers of the external sphincter, when the healing process is complete.

As a rule the enlarged tract entering the bowel soon closes, with the exception of the part through which the seton passes. As soon as this has occurred the seton may be removed, and by the time the external wound is healed the tract entering the bowel will possibly have closed also. Should it not, at any time later this little tract may be dissected out and the remaining fibers of the muscle sewed together, thus preserving the contour of the anus and the functions of sphincters.

"OCCULT HEMORRHOIDS FROM THE
RECTUM."

By Dr. William M. Beach, Pittsburg, Pa., who stated:

1—Occult blood in the stool indicates disease high up in the gastro-intestinal tract.

2—Accompanied by certain rational symptoms as pain localized, the origin of occult blood can be noted.

3—The discovery of blood in the stool may enable us to predict hemorrhage or prevent disaster.

4—The most frequent sources of occult blood are in the order named: Stomach, duodenum and Caput Coli.

6—The Aloin-turpentine test as practiced by Dr. J. Dutton Steele, of Philadelphia, is recommended.

6—Proctologists should make an examination for occult blood a routine practice in cases of anaemia accompanied by diarrhoea or constipation.

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"ETIOLOGY AND SYMPTOMS OF FISSURE."

By Dr. C. F. Martin, of Philadelphia, Pa., who said: "The fissure is usually situated posteriorly and directly over the "white line" of Hilton, due to the arrangement of the fibers of the external sphincter and to the fact that the anal canal has less elasticity directly over that line. Most fissures start as the result of the distention of the canal by hard feces and excessive straining at stool. Those situated anteriorly are often seen after confinement due to the pressure of the fetal head upon the perineum.

The sentinel pile is noted in most cases if the fissure has been present for any length of time. It is a simple inflammatory hypertrophy. Hyper-

trophy of the anal papillae does not appear to be an important factor in the causation of fissure. True hypertrophy of the sphincters is rarely seen but in its place we find an excessive irritability of the external sphincter.

The distinctive symptom of this disease is pain or sphincteralgia, preceded by a "pain interval" of from one minute to an hour, during which time the patient has comparative comfort. The pain is caused by spasm of the sphincter compressing the nerves in the ulcer. This contraction interferes with the perianal circulation and renders the inflamed nerves more sensitive. The "pain interval" is caused by a temporary improvement in the perianal circulation produced by the straining efforts at stool.

The constipation of fissure often pre-

cedes the formation of the ulcer, an irritable sphincter being the underlying factor in the production of this condition. The constipation increases after the formation of the ulcer due to the fear of the patient of the pain following stool.

The treatment consists in the division of the sphincters and the usual stimulating after treatment. The sentinel pile should be removed at the time of divulsion. Division of the external sphincter is not advisable, for frequently it does not unite and eventually atrophies. Fistulae, abscesses and fecal impaction are mentioned as frequent complications of fissure and call for appropriate treatment.

"LOCAL VERSUS GENERAL ANESTHESIA IN RECTAL SURGERY."

By Dr. G. B. Evans, Dayton, Ohio, who stated that "pain naturally is the common curse and dread though relatively essential to the human family."

The law of self preservation when an individual is threatened with pain is at once a law of resistance, manifest by intense expectancy and defiant attitude.

The shock incident to the terror of pain is incomparable to that which is likely to follow an abbreviated use of a general anesthetic. In consideration of the evolutionary plane occupied by the average American of to-day and the more remote period of his removal from the gorilla peripheral sensibility of the jungle, we are forced to conclude that he is more sensitive, and in need of greater consideration for the relief of pain. Because an operation can be done painlessly, it does not follow that there will not be subsequent suffering and some and perhaps severe shock.

But in this nerve block period of

Creile and Pennington, and the Gant period of dermal and sub-dermal distention we are told there is scarcely any use any more for a general anesthetic. Do we not believe as Proctologists that in our operative field, sensibility is most difficult to abolish, and would it not naturally appear that more narcosis is necessary in this kind of surgical work and as a consequence more shock? Again, would it not be possible by the combined use of general and local anesthesia less shock would ensue—and more operations could be made with success. I believe that by using the local anesthetic preceding the general anesthesia we lessen the amount of the general anesthetic appreciably, diminish the dread and fear, and consequently diminish shock and danger thereby. Therefore, the combined method of narcosis, less anesthetic shock, rendering more complete operative area—consequently more satisfactory work. It is simple to operate upon prolapsing piles, but not so simple to operate upon piles above the sphincters yet demanding operative interference.

The injection of sterile solutions disturbs the parts anatomically. The frequent punctures through the tissues invite infection, and infection trouble. You can never measure the nerve and seldom the surgical all of your patient. Its chief advantage is that occasionally you are able to do work in your office and even then unsatisfactorily.

I fail to see the advantage of operation under local anesthesia in your office and follow your patient home and give hypodermic of morphia over the usual custom of operating at home in the first place.

An operation for hemorrhoids is a

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matter of some seriousness—often attended by some shock—often bloody and the greatest caution should be observed that asepsis be obtained.

I do not think it best for our patients that general practitioners should be taught that aseptic precautions at the time of operation and rest at home for a few days, is unnecessary. Do we not magnify the applicability of local anesthesia, will not accidents occur, are we not sacrificing perfect scientific work, are we not belittling our chosen work—a class of operations that are important and not free from danger?"

"THE SIGMOIDAL FLEXURE IN CONSTIPATION."

By Dr. E. A. Hamilton, Columbus, Ohio, said: "In a certain percent of intractable cases of constipation, organic change in the wall of the sigmoid is the controlling factor. This change is entirely independent of any disturbance which may occur on the outer surface of the viscus; e. g. malposition and pathologic flexures due to adhesions. The change in the gut occurs in the sub-mucous and muscular coats and consists of a round cell infiltration of these coats which subsequently contracts, thereby to a greater or less degree narrowing the lumen of the bowel. The round cells change into spindle cells subsequently undergoing a metamorphosis into true connective tissue. The contraction of this connective tissue so narrows the caliber of the sigmoid that constipation of an obstinate type must result. This change is not always limited to the sigmoid, it frequently involves the descending colon as well; in addition to the contraction of the gut it looses also its resilience which further adds to the difficulty of

the passage of faecal debris. The etiologic factor is the absorption of bacteria and toxic products from the sigmoidal contents. The mesentery is also involved and is thickened and shortened. The whole process is chronic, several years being required to bring on the condition. Surgery offers the only relief, an anastomosis must be effected by any suitable surgical procedure between the unaffected position of the intestinal tract above and below the lesion.

A REPORT OF TWO CASES OF SIGMOID-OPEXY

By Dr. S. T. Earle, Baltimore, Md., who said: "That in one of the cases there was the 3rd degree of prolapse of the rectum, the invagination of the upper part into the lower portion of the rectum; in the other case there was a very acute flexure of the sigmoid upon the rectum, both of the conditions, as is well known, are frequently due to an abnormally long meso-sigmoid. The symptoms in each case were obstinate and persistent constipation, frequent bearing down pains in the lower pelvis, a sense of weight and especially a feeling of unrelief for some hours following a stool, or an attempt at the same; associated with these local symptoms were darting pains in various parts of the body, nausea, anorexia, frequent headaches and the various neurotic symptoms that go to make up a typical case of neurasthenia. The case of invagination was diagnosed positively by a digital examination while straining at stool, the sulcus being distinctly felt with the finger; the case of acute flexure was diagnosed by means of the protoscope, the flexure being so acute that it was only possible to enter the

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sigmoid with the protoscope by getting the end of the latter around the flexure, and pulling it aside. The flexure was so acute that it obliterated the lumen of the bowel at this point. The technique of the operation is such as is given in Tuttle's & Gant's works on 'Diseases of the Rectum and Anus.' I met with no special difficulty in performing the operations. The meso-sigmoid was very long in both. I was particular in pulling off the abdominal peritoneum where the sigmoid was to be held in apposition and also in attaching the sigmoid to the transversalis fascia. Both cases made good recoveries, except that one was retarded by a stitch abscess. The results in both cases were most satisfactory and pronounced, with almost immediate relief of the persistent and obstinate constipation, with the gradual disappearance of the neurotic symptoms. Dr. Gant has recently reported a number of sigmoidopexies and colopexies with most satisfactory results.

"Dr. Clark in a paper read before the Medical and Gynecological Sections of the Medical and Chirurgical Faculty of Maryland, on Feb. 15, 1907, called attention to the frequent associations of gastropotosis; floating kidney and enteropotosis in the same individual."

"FECAL IMPACTION."

Dr. Lewis H. Adler, Jr., of Philadelphia, Pa., in a paper entitled "Fecal Impaction," called attention to the result of obstipation, or an attack of constipation causing an accumulation of feces in the caecum or in any part of the colon; but the term impaction, the subject of the paper, should be usually employed when such an accumulation occurs in the pouch or ampulla of the

rectum, or in the sigmoid flexure.

Attention was called to the difference between an ordinary persistent constipation and an impaction, as the latter may follow from a single attack of constipation; whereas obstinate constipation may never, or only after a long period cause impaction. The symptoms of the two conditions are also very different, as an impaction is usually marked by a diarrhoea, whereas chronic constipation is associated with costiveness. After calling attention to the various causes of the malady under consideration and the symptoms of the same, the treatment was detailed as consisting primarily, in the removal of the mass, and, secondarily in the relief of the inflammation of the mucous membrane occasioned by the irritating presence of the fecal matter as well as the removal of all causes which contribute to the constipated habit, which is undoubtedly the prime factor in most cases in producing an impaction.

The easiest manner of breaking up the fecal mass is to put the patient under an anaesthetic and then to forcibly divulse the sphincters, after which the mass may be disintegrated by means of the finger, a lithotomy scoop or an old fashioned iron spoon. In women considerable assistance may be rendered by passing a couple of fingers into the vagina and by this means steadying the mass so that it may be the more readily broken.

In some instances the writer was able to break up an impaction without resorting to anaesthesia, simply by using the finger and sometimes by the additional use of a bivalve speculum and a rectal scoop or spoon.

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aid in the removal of the impaction, the fecal mass may be softened and its passage facilitated by the use of enemas, especially is this so in cases in which the sigmoid is the part affected, in which situation material assistance cannot be gained by the employment of instruments. For the purpose of administering the injection a douche-bag holding several quarts is to be preferred. The injection substance should be composed of soap and water to which I have found the addition of glycerine of considerable benefit, a dessert-spoonful to a quart. When the impaction is in the sigmoid, the injection should be given through a Wales bougie, preferably the one modified by Dr. Dwight H. Murray, of Syracuse, New York, which is stiffer than the ordinary article sold, which latter is frequently useless for the purpose intended as it readily doubles on itself, and a high injection is rendered impossible by its use. When this method is employed the patient should be placed in the knee-chest posture.

A word of caution should be given here as to the danger surrounding the unguarded use of drastic purgative drugs in cases of impaction. By their employment peristalsis is increased and the fecal mass softened but the bowel in its inflamed and distended condition may be thereby the more easily ruptured, and, if in addition, a stricture is present, the caliber of the gut may be entirely occluded by forcing into it the hard fecal mass with the attendant symptoms and consequences of total obstruction of the intestines. So much for the treatment of the actual impaction.

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"PRURITUS ANI—IS IT A DISEASE PER SE OR MERELY A SYMPTOM?"

Dr. Louis J. Krouse, Cincinnati, Ohio, who quoted from the works of Bodenhamer, Agnew, Wright, Ball, Crepps, Gant, Matthews, Tuttle and others, their opinions regarding the etiology of this disease, and then stated "Pruritus Ani Essentials is a disease which is due not to a local, but to a constitutional cause, and is due to some trophic changes in the nerves supplying the parts." He further stated, that the changes occurring in the skin of the anus and surrounding parts, namely, the hypertrophy, the loss of pliability and the absence of pigment, can only be explained on the faulty nervous supply of the parts. He showed that an increase of pigment ought to accompany severe itching, and not a total disappearance, and finishes his article by saying that "The absorption of the normal coloring matter of the affected area does occur, notwithstanding that the epidermis was not destroyed, and said, "A similar process of absorption takes place in leucoderma.

All authorities acknowledge that the cause of the latter disease is to be found in the nervous system, and concluded with the statement "That Pruritus Ani, at least in such cases, is a disease per se and not a symptom."

(a) Dr. Dwight H. Murray, of Syracuse, New York, presented a new hemorrhoidal clamp which had the following qualities in combination, that make a first class instrument, viz., scissors shaped, parallel jaws, can be closed and released instantly without the use of a thumb screw, thereby saving much time while operating.

The Goodell dilator reversed is used as the ground principle for the lock.

(b) Dr. Dwight H. Murray, of Syracuse, New York, reported the case of a man 46 years old who had been troubled with sciatica in the right leg for two years and had also been a sufferer from hemorrhoids for ten years, having frequent profuse hemorrhages therefrom.

The hemorrhoids had not been treated. The sciatic nerve had been stretched and treated by various methods, by a physician at his home town, included in which was the following completed in three sittings two (2) days apart.

At the first sitting, six hypodermic injections 1-150 gr. of atrophine each were given into the sheath of the sciatic nerve. At the second sitting, seven injections of the same amount, and at the third sitting, eight injections were given as before and one extra into the nerve before it leaves the pelvis. The patient was unconscious for fourteen hours after the last sitting, very little improvement resulted.

In November, 1906, the author was first consulted, and on December 12, 1906, operated on him for internal hemorrhoids. He made the usual recovery up to the ninth day, when there was a sudden profuse secondary hemorrhage. The patient was almost exsanguinated before the author arrived.

He immediately examined, found the superior hemorrhoidal artery was throwing a full sized stream, this was secured, the patient stimulated and made an uneventful but slow recovery. The patient has had no sciatic pain since the operation.

Dr. Murray concluded that inasmuch as sciatica is often symptomatic, that no such severe treatment is justified

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until all possible reflex causes are first removed.

The cause of the hemorrhage was probably due to the thrombus or eschar at the end of the vessel being thrown off before thorough healing had taken place, and was influenced largely by his general anemic condition before operation.

"THE TREATMENT OF ISCHIO-RECTAL AND PELVI-RECTAL ABSCESES."

By Dr. T. Chittenden Hill, of Boston, Mass., who said, "That he employed general anaesthesia produced with ethyl chloride for the ischio-rectal abscess and other anaesthesia for the pelvi-rectal abscess.

His experience with infiltration anaesthesia has been unsatisfactory. He emphasized the importance of an early incision for peri-rectal abscesses, claiming that when acute symptoms have existed for a day or two, with pain and tenderness, even before there is much edema or discoloration of the skin, long before fluctuation can be detected, an incision may prevent abscess formation by allowing the escape of blood or serious exudate from the engorged blood vessels.

He advised a T incision and break-

ing up the existing septa with the finger, after which the sphincters are divulsed. He believed squeezing, scraping or disinfecting an acute abscess to be a great mistake, as it only serves to destroy the new granulation tissue and to spread the infecting bacteria. For the deeper ischio-rectal and in all pelvi-rectal abscesses he recommended rubber drainage tubes, discarding their use as quickly as possible in the after-treatment.

He believed that the great majority of pelvi-rectal abscesses should be reached by perineal dissection."

"CRYPTITIS"

By Dr. J. Coles Brick, Philadelphia, Pa., who said: "The anal valves and crypts, first pointed out by Morgagni, and called after his name, are found as vestigial remains of the junction of the rectal mucous membrane with the skin. They vary in number and size, but are absent in the anterior and posterior commissures. They have no known functions, but are the cause of obscure symptoms, when diseased, and from the fact that the valve or covering part of the crypt may conceal the diseased area, repeated examination will fail to show the lesion, unless each crypt is probed,

when tenderness or pain will be felt. A conical fenestrated speculum is the best to use, and when the diagnosis has been made, the valve should be removed and the crypt converted into a raw surface, so that healing will obliterate it."

Dr. A. B. Cooke read a paper on "Observations on Certain Points in the Anatomy and Physiology of the Rectum." He expressed the view that the usual conception of the external sphincter muscle is erroneous, that under normal conditions it is not in a state of tonic contraction, but, on the other hand, is at rest and passive, the shape of the muscle and the arrangement of its fibres being such that the anal aperture is maintained in a state of passive closure. It is not conceivable that a *voluntary* muscle should require the constant action of nerve force to keep it in a state of rest. The only action of this muscle is to voluntarily oppose or terminate the act of defecation by tonic contraction.

With reference to the internal sphincter, the essayist observed that there is no occasion to credit this muscle with any special action in addition to that of the circular coat of the bowel, of which it is a part. By reason of its location and thickness, it probably exercises some passive sphincter control, but its chief action is undoubtedly that of a detrusor, serving to complete the expulsion of feces and keep the anal canal free of contents.

The levator ani muscles, acting together, constitute the sphincter of the proximal extremity of the anal canal. To understand this it is only necessary to remember (1) that the upper or pelvic surface of these muscles presents a deep, funnel-shaped concavity, the

beginning of the anal canal being at the lowest point; (2) the strong bundles of fibers which unite immediately behind the rectum arise in front from the pubis and anterior portion of the fascial line and pass downward and backward in close relation with the lateral walls of the rectum, crossing it obliquely at the upper limit of the anal canal.

The well known difficulty of voiding urine while a costive stool is being expelled, which is usually attributed to the action of the levatores ani, is due rather to the pressure of the fecal mass upon the prostatic and membranous portions of the urethra, since, at the time of defecation, these muscles, like the sphincters, must be in a state of relaxation.

The part played by the anal canal in defecation is purely passive, except at the completion of the act when the voluntary muscles which enclose it are strongly contracted, expelling any remnant of feces, and bringing its walls again into their normal relation when at rest of close apposition.

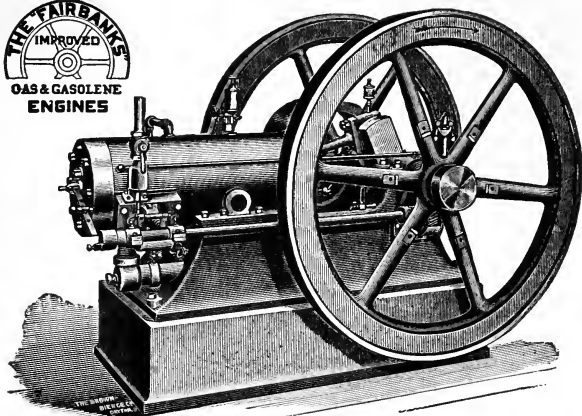
The essayist dissented from the commonly accepted teaching that there is an inhibitory center in the cord which presides over the action of the external sphincter and which is called into action at the time of defecation to inhibit its tonic.

The relaxation which occurs at such times seemed to him fully explained by the mechanical pressure of the descending mass upon a structure which only offers passive resistance unless contracted by voluntary effort, and which possesses sufficient resilience, independent of any nerve influence to regain its normal form and tone as soon as the pressure is removed.

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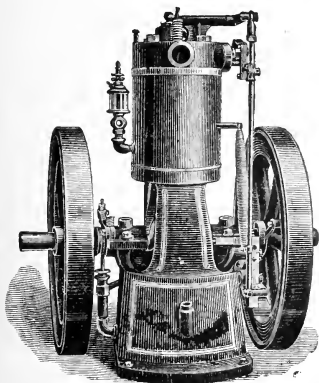
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tion, a teaspoonful every four hours. Child steadily improved under this treatment and in six weeks was in a good state of nutrition and health.

A point that I wish to emphasize in these notes is that Glyco-Thymoline is a most excellent antacid and antiseptic and deserves special consideration in the stomach and bowel disorders of young children. It gives prompt and gratifying results.—*Medical Summary*, July, 1907.

Congenital Malaria.

(By Dr. R. U. MOFFAT, *Brit. Med. Journal* May 4, 1907, p. 1054.)

The author reports a case of what he believes to be congenital malaria. The mother of the child suffered from malaria during the early months of pregnancy, and for this reason she left Africa for her home in England. She had been home over four months when the child was born, and had been living at a South Coast watering place. The child was seen when it was seven weeks old. The parents had not noticed any symptoms except obvious and intense anemia, for which they consulted the author. Examination of the infant's blood showed numerous malarial parasites of the malignant type.

The author purposes to publish fuller details later, but makes this preliminary communication in the hope that by so doing he may learn whether any indisputable cases have previously been reported. He rightly states that the possibility of malarial infection *in utero* is denied by some authorities, and he further says "it would seem important to draw attention to the fact that it can occur." From the evidence he thus far has furnished, however, it is doubtful if the case will receive much credence.—Post Graduate.

Insects as Disease Distributers.

If one should doubt the influence of mosquitoes in disseminating malaria, he has but to note the experience in the neighborhood of Rome. The number of cases of malaria have been very greatly reduced within the past seven years by the simple expedient of using proper screens and netting over windows and doors and around the sickbeds, to prevent mosquitoes from having access to patients afflicted with malaria, as well as to those who are well. The experience in Cuba and New Orleans in cutting short yellow fever epidemics and preventing their subsequent development by similar means, is so well known as to need only to be referred to.

However, mosquitoes are not the only noxious insects. The common house fly is a very grave offender in the dissemination of disease. At this season of the year every means should be taken to prevent their development and also to keep them away from human habitations. It is well known that they breed in manure piles and in masses of decaying straw or other vegetation. Physicians should instruct the families in their care to destroy or bury, so far as possible, such nests of incubation and those that cannot be thus removed such be confined with proper coverings or should be treated with petroleum, chloride of lime, powdered borax, or powdered copperas. Families should be taught the extreme economic value to them of a thorough screening of both house and stable.

It is safe to say that all insects that attack man or alight upon exposed food are sources of danger to health and life.—*Med. Council*

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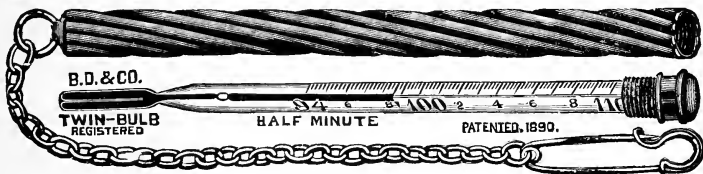
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Phenol and Camphor in the Treatment of Acute and Chronic Suppuration

Ehrlich (*Semaine Medicale*) has convinced himself of the fact that applications of phenol and camphor mixtures are more efficacious than dressings with any of the ordinary agents employed for the purpose, and particularly so in cases of acute suppuration. Whitlow says cases which ordinarily require from eighteen to nineteen days to reach the stage of absolute cure heal satisfactorily under the influence of this mixture in about six days, and ordinary phlegmons in four days, on an average, as against eight days under the usual mode of treatment. Ehrlich employs mixture of phenol, one ounce, or 30.00 alcohol, dr. iiss, or 10.00, and camphor two ounces, or 60.00. This mixture differs from that suggested by Chum Chlumsky in the presence of the alcohol, as the latter formula is composed exclusively of carbolic acid and camphor. Care should be used not to employ any form of impermeable dressing material.

FOR THE COUGH OF PNEUMONIA.

Preble recommends highly the carbonate of guaiacol in five-grain (0.33) doses, and if sputum is tenacious add apo-morphine, 1-20 grain (0.003) doses four times a day.

CONSTIPATION.

For habitual constipation Roth prescribes fluid extract of Rham, Prussianac, syrup zingerberis, aquae destillatae, partes aeouales. One or two teaspoonsful at night as required.

ACUTE CONSTIPATION WITH AUTOINTOXICATION.

Thornton advises the taking of six

ounces of liquor magnesia citratis and repeat in six hours if necessary.

CONSTIPATION OF INFANTS.

Ringer recommends sodium bicarbonate, one-half to one drachm in a pint of milk. Milk of magnesia is also good, one-half to one teaspoonful to a bottle of milk if bottle fed.

CHRONIC CONSTIPATION.

DaCosta recommends aloinii gr. 1-12 (0.005), strychn. sulph. gr. 1-60 (0.001), extracti colocynthis comp. gr. 1-12 (0.005), hyosciami, gr. 1 (0.06). Take one pill and take after each meal.

CONSTIPATION WITH DILATED COLON.

Tyson advises a high enema along with calomel, one-fourth grain or more hourly, to relieve the symptoms, which are enormous distension and marked tympany of the abdomen.

GREAT FECAL ACCUMULATIONS.

Bartholow recommended three parts of tincture of aloes and myrrh and one part of tincture of nux vomica. Fifteen to twenty drops two or three times a day.

INFANTILE CONSTIPATION.

Jacobi recommends washing out the bowel with warm water daily and waiting for time to remedy the defect, which is anatomical, i. e., the relatively great length of the large intestine, with flexures.

FECAL IMPACTION.

Anders uses high rectal injections, preferably with warm saline solutions or olive oil, with the patient in the inverted position and followed by methodical kneading of the abdomen. He gives no cathartics until the main mass is moved. Taylor uses large and fre-

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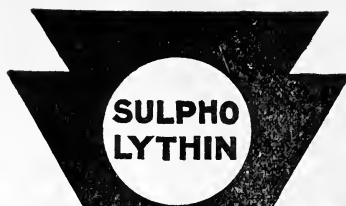
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quently repeated enemas, followed by careful diet, exercise and electrical treatment or massage. Frutnight recommends irrigation of the bowel through a rectal tube with four drachms of ox-gall to the quart of water; also, one drachm of turpentine and four drachms each of tincture of asafetida and castor oil. N. Love, for fecal impaction in children, gave a drachm of castor oil in lemon juice or in hot milk, flavored with nutmeg.

INTESTINAL STRICTURE.

Thornton directs twenty grains of washed sulphur and ten grains of cream of tartar in a cachet night and morning, the object of which is to produce mushy stools.

MECHANICAL TREATMENT OF CONSTIPATION.

An old and tried method consists in massage of the abdomen with a cannon ball of three to five pounds weight, covered smoothly with flannel or chamois skin, to be rolled over the course of the colon for ten minutes by the patient, the knees being drawn up in the early morning in bed, the bladder having been previously evacuated. The Scotch douche, hot and cold water, directed against the abdomen, is a good tonic for daily use.

ELECTRICITY IN CONSTIPATION.

Bartholow relied on faradization of the intestines with an insulated electrode in the rectum, and a large sponge-covered rheophone well moistened and passed over the abdomen along the course of the intestines. Juettner uses the secondary faradic current applied to the anterior abdominal wall by means of two sponge electrodes, which are shifted about constantly. Sometimes

either pole should be placed on the back and the other on the anterior abdominal wall.

Japanese Surgery.

With an outlay not exceeding twenty-four cents, it is said, Japanese doctors dress five hundred wounds. They employ charcoal prepared from a native straw, sachets filled with the product finely powdered being applied to the wound. The powder is both absorbent and antiseptic and favors rapid healing. All this could have no interest to American medical readers had not the Japanese Army Surgical Corps, during the late war, succeeded so phenomenally—in fact, given to the world results unparalleled in all the wars of human history.—*Med. Council.*

Bury the Hatchet.

The following resolution was offered by the Committee on Reports in the House of Delegates, meeting on Thursday, June 6th.

“Resolved, That we most earnestly request the moral and financial support of our members for those medical journals, whether privately owned or controlled by medical organizations, which disregard commercialism and stand firm for honesty and right dealing, thus sustaining the Council in its greatest work for the medical profession.”

Thanks. Last year the general dictum was, “The independently owned medical journal will die” and other similarly cheering remarks, but independent medical journalism has been up and doing during the past twelve months, and we feel sure that this recognition is properly appreciated by those most concerned. Therefore, again, thanks!—*Albright's Practitioner.*

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Indigestion as a Cause of Other Diseases.

White has recently made a study of the statistics of indigestion in dermatological patients. He finds over fifty per cent. of the patients suffer from stomachic indigestion. From this he claims to have substantiated the theory of an etiological association of dyspepsia and skin diseases. To us it appears on the contrary that this is about the percentage of dyspepsia in people in general. Dyspepsia is a most common functional and organic disorder. A similar percentage, we have no doubt, will be found in those who suffer from diseases of the nose, or in women who have pelvic symptoms. It does not prove any etiological relationship. It is the same with the theory of indigestion and eczema. It probably has only a very obscure relationship. Such statistical proof has little value.

The Genesis of Insanity.

J. Montgomery Mosher, in the *Albany Medical Annals*, outlines in a most vivid manner the steps of exhaustion of the nervous system. He states that the dominating influence in resisting disease is that of the nervous system. A healthy nervous system gives the greatest immunity. "Nervous exhaustion" is termed the "American disease," but only, as the author declares, because in America has been anticipated the stress of life which is rapidly becoming universal. Ambition is one of the most potent causes of nervous breakdown. In immigration is seen a most striking illustration of the hazard risked for personal improvement. The colonization of alien communities in the large cities of this country is "a menace to the physical, social, moral, and political security of the country." Nearly 70 per cent. of persons admitted to the hospitals for the insane for the fourteen years ending 1901 were of foreign birth. But this calamity does not befall the foreign population only. The country-bred boy and girl who leave the fresh air, good food, and free life of the parental farm, come to the city and are overpowered by its strenuous life. The first sign of nervous exhaustion is perverted sensation. Within normal limits this is fatigue, and rest relieves it. When this limit is overreached rest is no longer recuperative and irritability develops. This is the first pathological step. Sensory symptoms follow fast—tingling, numbness, formication, hot or cold flashes, and pain. Migraine and neuralgias are common. Motor anomalies appear early. Tremors, twitching, and peripheral spasms occur. The sensory and motor symptoms are associated with

morbid mental states. Worry and loss of memory are complained of. Investigation shows that the sources of worry are inadequate, and the loss of memory is rather a defect in concentration. Disturbances of digestion, dyspnoea, and palpitation form the basis of hypochondria. If the patient is a woman, the gynecologist is consulted. The manner of the patient changes. Mistakes are made. The crisis occurs. Rambling speech and violent action suddenly surprise the patient's friends. Various diseases may be simulated at different periods. The keynote of the treatment of nervous exhaustion is rest. The treatment should always be recuperative and reconstructive. Long journeys, amusement, and so on are detrimental by using up nervous force. Simple, nutritious food should be given. Auto-intoxication should be combated by keeping the excretory organs active. Electricity, massage, and passive movements are often indicated. Later, active exercise may be indulged in. At least four pints of water should be taken daily, and this should be measured. Plunge baths are very beneficial. Within a few months color, weight, and strength return, but vigor is still wanting. The patient tires rapidly. Care and moderation must be exercised for at least a year in order to avoid relapse. The physician has scored a victory, but he must not cease his vigilance. He must determine the amount of work that his patient can do without injury to himself. He must determine the danger point, and even if his investigations seem to pry into the intimate history of the patient, his courage must not fail, for this is a part of his duty. He must establish the relations of the individual with his en-

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vironment, for it must be remembered that "it is not given to man to surpass his destiny."—*Med. Record*.

Diagnosis of Early Pregnancy with Reference to a Particular Sign.

Louis J. Ladinski (*Medical Record*, April 13, 1907,) claims that it is always possible to make a positive diagnosis of pregnancy as early as the fifth or sixth week when intranterine. The diagnosis is made by a single sign. This is the appearance of a spot of a peculiar softness and elasticity just above the junction of the body and cervix in the anterior wall of the uterus, in the fifth or sixth week. When the uterus is retroverted or retroflexed it appears in the posterior wall, and at

the sixth or seventh week of pregnancy. In incomplete abortion or subinvolution this area of softening appears, but is much more doughy and less elastic. With a hard fibroid in the upper portion of the uterus there is a similar spot, but the softness is only relative. With a soft myoma in the front of the uterus the feeling is exactly that of pregnancy. The sign must be sought by bimanual palpation. Absence of this sign absolutely excludes uterine pregnancy. The sign aids in making a positive diagnosis of extrauterine pregnancy by excluding uterine pregnancy. It is in all probability due to extreme vascularity of the uterine wall at the point where it is felt.—*Buff Med. Jour.*

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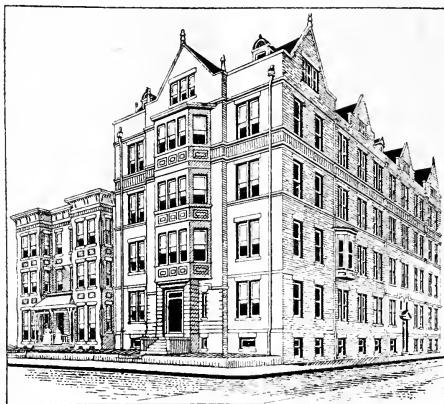
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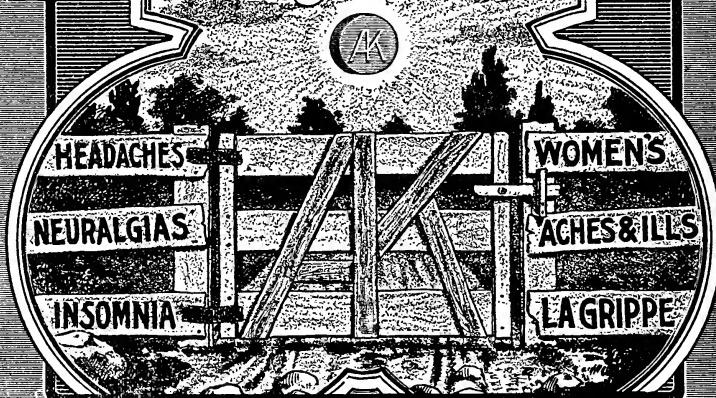
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In September we lost all our plates by fire, and the October number is late as a consequence. November issue will be out nearly on time, and by January things will be running on time again.

We wish to remind all subscribers whose accounts are in arrears that we are urgently in need of funds, and must call on them to come to our relief by sending us at once the amount due on subscriptions. Statements were mailed a month ago.

Yours,

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Original Communications

The Treatment of Surgical Tuberculosis.

By Owen Smith, M. D., Asheville, N. C.

It is not my intention here to attempt to give you all the surgical treatment for tuberculosis, nor cover all the tubercular lesions and inflammations amenable to surgery. But, with so many earnest and capable men working and studying this terrible destroyer of human kind, we must be learning something all the time. So, if I do not add anything new to what has already been said by others and known to most of you, I will not have labored in vain if I but only freshen these facts in your memory, and, perchance, stimulate thoughts which may prove new, original and beneficial.

In the light of our later day knowl-

edge pertaining to tubercular infections wherever found in the body, with aseptic surgery, broader knowledge, and more discriminating use of anesthetics, the proper one for the individual case, there is certainly a far greater number of sufferers from tubercular inflammations being relieved by judicious surgical treatment.

The giving of a general anesthetic, especially chloroform and ether, has always been a very serious drawback to surgeons, as tuberculous inflammations, other than pulmonary, are primary in only about 21 percent. of the cases; and secondary or metastatic in the majority of cases. There are a great number of cases with pulmonary tuberculosis who also need surgical treatment, but with whom ether or chloroform narcosis is feared by the surgeon, both as regards lighting up new or more in-

flammation in the lung tissue. The shock and general debility to which such cases are liable or are already suffering is also a serious drawback.

However, with the proper study of each patient, the selection of the proper anesthetic and a trained anesthetist, I believe all of those who would be benefited by a surgical procedure can be safely anesthetised.

The amount of chloroform or ether has much to do with the shock and post-operative complications from the administration of either one. By administering chloride of ethyl or nitrous oxide before the ether or chloroform, the quantity necessary will not exceed over half that ordinarily used, also the judicious use of morphia with atropia administered either before or during anesthesia, will diminish the amount of anesthetic to be used, and in the most cases relieve the patient of the post-operative nausea-vomiting-pain and interference with the eliminating function of the kidneys.

I have only used the hyoscin-morphia-cactin anesthesia in one case with pulmonary tuberculosis in whom I was afraid to give chloroform or ether. The result here, however, was all that could be wished for, and far beyond my expectation. This one experience, as a general anesthetic, was so gratifying as to induce me to try it further in other cases.

Cocaine can be used in a great many minor operations and where a general anesthetic is not a necessity, such as fistula in ano and local tubercular infections needing opening and injecting or slight curetting.

Fistula in ano is more frequently present in patients suffering with pulmonary tuberculosis than is generally believed or supposed. These fistulae often prohibit and always retard these

patients from gaining, even though they are receiving the best and most vigorous treatment for the tubercular lung infection. Tubercular fistulae in ano are usually secondary to pulmonary tuberculosis. Even so, they should always be completely opened up, curetted and kept packed with iodoform gauze until thoroughly healed.

Conservatism in the surgical treatment of osseous, arthritic and glandular tuberculosis gives more good results than in any other branch of surgery, still, brilliant results are obtained with the judicious and timely use of the knife where a radical procedure is indicated.

ELBOW JOINT.

Tubercular inflammation of the elbow joint is most frequently observed in children, and there is no question but that many of the tubercular affections of this joint heal by a growth of connective tissue, which replaces the tubercular granulations, with simple immobilization.

So with this joint it is the operator's plain duty to avoid every set scheme in treatment or resecting, for no one treatment nor operation can be given advisedly to fulfill the requirements in all cases.

In this joint more than any other, the injection of steril iodoform emulsion (10 per cent. in glycerine) proves of especial value.

During the incipient stage of "white swelling" if injections of this iodoform emulsion are used properly with the proper immobilization and general hygienic care, the process will, in the majority of cases, gradually cicatrise and heal without recurrence.

When a cold abscess has formed, aspiration with injection of iodoform emulsion will give good results in selected cases, but will not give any good

results where there are carious foci in the bones or where synovials are involved—a more radical procedure is then called for.

The passive congestion of Bier has also given good results, in the hands of some men, and is a good adjunct to be used in the incipient cases with the injection of iodoform emulsion and other local measures.

The positive demonstration of carious bone by the X-ray, or otherwise, or where fistulae are extensive, the free scraping and complete removal of all infected tissue is imperative. Excellent results are obtained in these cases when the removal of all infected tissue is done under aseptic surgical conditions, in the free dusting of the parts with iodoform, and healing of the skin wound by primary union is obtained.

Where the synovials alone are involved arthrectomy should be performed, but if there is also bone involvement, as is very frequently the case, a more or less complete resection becomes the operation of necessity as well as choice. However, with care and good judgment a useful joint can be given in a large number of such cases. Kocker obtained a good working arm and hand even for hard work in 64 per cent., and a capacity for only light work in 36 per cent.

In this joint a broad leld lies open for total resection and capable of giving excellent results, but a partial resection is always preferred where process is limited and can be thoroughly eradicated, leaving as much and as many of the component parts of the joint intact as possible.

TUBERCULAR COXITIS.

In tubercular coxitis the functional results, after conservative treatment, are almost always better than those following operation. However, operation

has one unmistakable advantage, it hastens recovery; but on the other hand, the high grade of shortening and marked contractures which may develop later are counter indications, except in the very severe cases of suppuration in which conservative treatment has failed, or case is seen too late by the surgeon for anything but operative measures.

Operation is indicated wherever it is necessary to secure drainage for exhausting suppuration which may threaten life, also when profuse, severe suppuration is produced—for example, by large sequestra—by putrefaction of pus and high septic fever and more often pelvic abscess.

Spontaneous fracture may occur during a marked suppurative process, and here operation is strongly indicated and a necessity if pressure of the head, produced by its false position, causes protracted suppuration of the necrosed surface of the illeum.

When abscess formation resists the treatment of extension, immobilization and general hygienic measures, and the suppuration continues, it is best to open the abscess wide, scrape *thoroughly*, inject the cavity with iodoform emulsion and close wound if possible. If not advisable to close wound, then packing with iodoform gauze must be resorted to, but this prolongs convalescence.

The local and general treatment without a cutting procedure is by far the most satisfactory treatment of tubercular coxitis, when the above named conditions are not present. In other words, it is the ideal treatment if we see the patient early in the inflammatory process, before there is any great breaking down or destruction of tissue.

There are so many good devices for immobilizing the hip, and applying the proper extension and correcting anom-

alous positions that I will not impose upon you by going into a discussion of the merits or demerits of the most of them. Here the ingenuity of the surgeon is brought into service to devise or select the proper mechanical apparatus to suit the conditions and circumstances of the individual case, always keeping some fixed points in mind, however, and paying attention to every detail, no matter how small; also taking cognizance of every change, both in the affected parts and the general condition of patient.

I have a patient now who is walking without any stiffness in hip, knee or ankle or malposition of leg, with only about 3-4 inch shortening, who was treated with plaster casts reaching from the lower border of ribs to feet, and high shoes on well feet, for two years; he was then given a Thomas posterior splint for six months.

With the proper local mechanical apparatus applied correctly, maintained long enough, and the proper general hygienic treatment most of the tubercular hip joints will be cured and function preserved to a great extent, the shortening rarely being enough to give any appreciable deformity in walking.

PSOAS ABSCESS.

Cold abscesses of which psoas abscess will be mentioned as typical, representing those not involving joints, should be treated by free incision with every aseptic precaution. The cavity *including especially all sacs and ramifications, must be thoroughly curetted and cleaned out, removing every possible bit of infected tissue; after thoroughly cleaning cavity,* iodoform emulsion is to be put in, and the skin wound closed. The vertebrae are always explored and any dead bone removed if present. After such procedure, keep the parts well fixed until resolution is assured. Subsequent injections of ido-

form emulsion may be necessary. General dietetic and hygienic treatment must here be given a deal of consideration and attention if success is attained.

TUBERCULAR INFECTION OF THE KNEE.

Tuberculosis of the knee has always been a source of contention and fruitful of many and varied opinions as to the proper surgical treatment. When it is at all feasible, conservative treatment demands a thorough trial. Absolute rest of the limb with the knee extended, and perhaps continuous extension, gives excellent results in many cases. This applies more especially to children, and to their age is accredited the greatest number of cases suffering from infection in this particular joint.

A portable plaster splint applied correctly from the foot to the groin, applied after correcting any subluxation or deformity, with forcible extension, with a high shoe on the well foot and crutches so as to get patient out in open air, will give good results in many cases.

The injection of steril iodoform emulsion (10 per cent. in glycerine) is here also of use when combined with proper immobilization. Bier's congestive hyperemia will likewise prove helpful in selected cases.

Abscess formation, fistula, extra articular osseous foci, all demand a free opening, under strict aseptic conditions, with a thorough removal of all infected tissue, especially if conservative treatment has proven a failure.

When the joint tissue itself is infected, arthrectomy may be the operation of necessity, but has never proved to be all that was so eloquently claimed for it some years ago. The rapid and certain recovery is expected and usually obtained; but the after effects have been disappointing through the flexion contractures and diminished strength of

the joint. The frequent deformity, flexure, following arthrectomy is due to fibrous or cartilaginous synostosis forming. This flexure is slight in a number of cases, and not by any means an absolute counter indication where other conditions warrant the procedure. If the leg is fixed in extension after arthrectomy, flexion is not so liable to occur, and if the extensor muscles are weak (as is usually the case) the weight of the body must not be borne on the leg until the muscular condition has been improved.

Resection is indicated when it becomes necessary and is desirable to remove all tubercular foci of bone, cartilage, synovials and so forth, and obtain bony union between the resected stumps. This procedure is never undertaken, if possible to avoid in children under 15 years of age, as the removal of the epiphyseal cartilage checks the growth of bone materially. In adults where amputation is not imperative and conservative methods have failed, it is the ideal operation and one of choice.

Of Koniq's 300 cases the result in 75 was poor; among 222 with good results 188 were discharged as cured.

TUBERCULAR LYMPHOMA.

The better we understand the source of infection, the greater the field of secondary tuberculosis, with which practical surgery is chiefly occupied.

Glandular tuberculosis of the neck was at one time supposed to be an expression of general glandular infection, but our later and more accurate knowledge of the sources of infection has proven that it is usually a local process, but of course may be part of a general infection. The lymphatic glands of the neck are by far the most frequent ones affected, as this region is drained by lymphatic vessels especially exposed to infection with bacilli, head, face, mouth.

Prophylaxis here plays a most important role. In the vast majority of children these glands are enlarged and give no cause for removal or uneasiness on our part. But in children who inherit a tubercular tendency, or are directly and perhaps constantly exposed to the tubercular infection and poor hygienic surroundings, the early notice and treatment will often save not only future trouble there, but also sound a warning note that will perhaps lead us to diagnose in a patient, tubercular inflammation elsewhere (bronchial, pulmonary and so forth), and be a big stitch in time.

In these children the greatest care should be given to the proper hygiene. Carious teeth should be promptly cleaned and filled; as is well known these carious spots are hot-beds and fruitful sources for bacilli to lodge, multiply, and infect other portions of the body. The tonsils also form a most important nidus of infection, the crypts being well known hiding places and breeding spots for bacilli. Where there is an enlargement and irregularity of the tonsils, they should be thoroughly removed early.

When a child shows a predisposition or hereditary taint, the presence of tuberculosis elsewhere, lowered resistance from previous acute infections, diseases or faulty hygienic surroundings, and the glands are found in a hyperplastic condition, they should be thoroughly removed without delay.

In adult patients with good resisting power, even when the infection is well developed, the proper local and general treatment may produce the best of results. However, when the glands persistently increase in size, in spite of prolonged and proper general and local treatment, or where there is breaking down of the gland tissue with softening,

mixed infection with abscess formation or sinuses, the entire and thorough removal is imperative.

Radical incision is by far the safest and best treatment, notwithstanding the fact that the remaining scars and cosmetic effects are to be taken into consideration with many patients, if not all of them.

Whenever possible without sacrificing the good for the beautiful, conservative methods should first be given a trial, and in many cases the result will be most gratifying, and not make a more radical procedure necessary. Of local applications Guaiacol has given me the best results; however, iodine is not to be forgotten or overlooked.

By injecting iodoform emulsion into the glands, the specific organisms are frequently destroyed, and the glands contract; but it will be seen that with this method, each individual gland must be treated separately, and this would entail an endless job and be impossible in some cases.

Where the inflammation is *intro capsular*, excision is the operation of choice; while in *peri* glandular inflammation, incision and thorough curetting is indicated and gives good results. In *peri* adenitis the broken down gland is often isolated and adherent to the skin; here incision with the thorough cleaning out and packing with iodoform gauze is sufficient, provided the general condition and support of the patient is good.

About 73.1 per cent. of all these cases are permanently cured by operation.

RENAL TUBERCULOSIS.

"Senn has estimated that one out of every eighteen consumptives suffers from some form of genito-urinary tuberculosis."

The bladder is seldom, if ever, the primary seat of infection. An ascending infection may occur, but most often

the bladder is infected secondarily by a descending infection from the kidney.

Tuberculosis of the kidney is unilateral at first in more than 90 per cent. of the cases; the second kidney is often infected later. Renal tuberculosis is being recognized and treated now in many cases when it was entirely overlooked or unsuspected in days gone by. Tubercular inflammation of the kidney may give very few symptoms, even in some advanced cases, and often the secondary infection of the bladder is the first sign or intimation to the physician that the kidney is in trouble.

The diagnosticians have another duty imposed upon them of recognizing renal tuberculosis and not waiting until the kidney is riddled, perhaps a mere pus sac, the surrounding tissue infected or the bladder involved. By the use of the improved methods, instruments and teaching (use of tuberculin, the Harris segregator, the catheterizing cystoscope, Rose method in women, etc.), these diagnoses are made possible and often before bacilli have appeared in the urine or any great destruction has taken place. Certainly a greater number of cases are being referred for surgical treatment before the second kidney is involved.

It is in these early cases, with only one kidney involved, before the bladder has been infected, that nephrectomy has given such excellent results.

Nephrectomy, or the partial removal of an infected kidney, is *not* to be done unless both kidneys are involved, or for some other good reason it is not advisable to do a nephrectomy. Often we are led into paths of false security by removing the part of a kidney which seems to contain all the infection, when we are leaving a perhaps small, but virulent source of infection behind, which will in time "speak for itself." However, to relieve the pain and great

distress with which some of these patients suffer, and where a cure is not hoped for, it is a palliative measure lessening the suffering, and to a certain degree postpones the inevitable termination.

As is generally recognized now, that tuberculosis of the bladder is secondary to that of the kidney, the early removal of the kidney or source of infection, is not only a prophylactic measure, but is the first and most rational step in its treatment, giving the best if not only good results. Tuberculosis of the bladder *cannot* be cured if one or both kidneys are pouring in new infective material constantly.

Tubercular infection elsewhere in the patient does not counter-indicate operation, unless very far advanced, a general tuberculosis, or the general condition is too low in scale, for these cases usually show marked improvement after removal of a tubercular kidney.

The early removal of the diseased kidney is certainly the treatment calculated to preserve the other well kidney, as well as the bladder, from being infected, and no other treatment will do as much.

Surgical intervention is often made a necessity if there is alarming hemorrhage, or severe persistent colic, and these may be the first symptoms.

The entire removal of the ureter with the kidney is not essential, nor to be advised in every case, as it prolongs the operation and anesthetic, working a hardship especially on the remaining kidney. If as much of the ureter as can be readily gotten to, is removed, and the stump thoroughly curetted and cauterized it rarely gives any further trouble. If it is badly diseased, a subsequent operation with removal of a small portion of bladder may become necessary.

The mortality from nephrectomy in these cases without any selection and taken from different operators, private and hospital practice, varies from 10 to 33 per cent.

TUBERCULAR PERITONITIS.

In 1889 Parker Syms, of New York, says he "discovered accidentally that simple laparotomy might effect a cure in cases of tubercular peritonitis." Since then, many theories have been advanced, attempting to explain this phenomenon, and many opinions have been expressed, strongly advocating and denouncing this procedure as the proper treatment. The majority of opinions are favorable, notwithstanding the fact that the *modus operandi* cannot be satisfactorily explained.

The conclusions reached and given by Dr. Syms in his paper read in 1890 were:—

1st. "That the danger of the operation is very slight; at present the death rate is but three per cent."

2nd. "That sepsis is not so likely to occur in these peritonæa as in laparotomy in healthy ones, on account of the pathological changes which have taken place in the membranes."

3rd. "That tubercular infection of the wound does not occur."

4th. "Disinfectants are useless and that drainage should not be used, as it is likely to result in a permanent sinus."

5th. "That in unsuccessful cases the operation at best does no harm; most of the patients who have died at a time remote from operation have succumbed to general tuberculosis or to tuberculosis of some other organ."

6th. "That established, not advanced pulmonary tuberculosis is an indication for, and not against, the operation; for the improvement gained enables the patient to better resist the

phthisis, and if this latter is but incipient, recovery may take place."

7th. "That laparotomy is the proper form of treatment for these cases. In some unknown way it exerts a most beneficial influence upon the disease, resulting in cure in a large proportion of cases and in a marked improvement in nearly all."

While all of these conclusions have stood the test of time, being corroborated by many others, and are still true, we have learned since from the experience of operators some very valuable help and information.

No one has explained the phenomenon of how laparotomy per se will effect a cure in many cases of tubercular peritonitis; still it has been abundantly and thoroughly demonstrated and is true that the simple opening and closing up of the peritoneal cavity will produce a cure in a number of cases.

Further, we have learned from William J. Mayo "that the treatment of tubercular peritonitis should embrace, not only the treatment of the peritonitis which is symptomatic, but the removal of the source of infection which, in the majority of cases, will be found in the fillopiian tubes, appendix or intestine."

Young children do not give the good results as obtained in older persons, and Syms says, "operation should not be undertaken at all during the first year of infancy."

From a thorough search of all the literature, there doesn't seem to be a reasonable doubt or sane belief but that surgical treatment offers the best results in the treatment of this disease.

The serous type gives us the best results, while operation gives very little, if any, benefit in the adhesive form. The separation of adhesions being a very risky and dangerous matter, is

not to be done unless absolutely necessary.

If we will follow the advise of William Mayo and remove the original focus of infection, we will not only cure many more patients, but also prevent the relapses and re-infection which we have had heretofore where the simple opening and closing of the peritoneal cavity was done. In women the opening should be median to permit a thorough exploration of the tubes, ovaries and all pelvic viscera. In men the incision should be over the appendix.

Here as mentioned above, the general hygienic, dietetic, etc., regime is of importance, for under this treatment alone cases have ben reported as cured.

All cases are not amenable to surgical treatment. As stated above, the adhesive form is not helped by laparotomy. It is likewise useless to expect a cure from this procedure when the tubercular peritonitis is but a part of a more or less general or military tubercular infection. It is also not advisable where the patient is exhausted from a long and uncontrollable consumption. I opened the abdomen of a case of this kind not very long ago, in the vain hope that good might come of it, but even though the patient was given only a drachm and a half of chloroform, and all the supportive measures available, she did not stand the shock, and promptly succumbed. DeCosta says about 30 per cent. operated upon recur in from six months to a year; while some other operators give a much more cheerful outlook, both as regards mortality and the time of recovery.

POST-OPERATION TREATMENT.

The post-operation treatment of all these cases is most important and essential, giving not only the surgeon an opportunity to display his ability and resourcefulness, but also calling for as-

sistance from our medical conferers in a substantial manner.

The operator's skill and accuracy count for much, but for the patient's welfare many other things are of importance.

I do not believe in "working against time," but where rapidity can be coupled with thoroughness, it counts for much, especially in the amount of anesthetic the patient will have to take, thereby lessening the shock and disturbances to elimination.

Thoughtfulness of the patient while on the table as to proper position, protection of other parts of the body other than that being operated upon, will count for much. Take for instance the deluging of a patient with water or solutions used to wash out a wound; this liquid soon loses its heat, and the patient becomes chilled. There are many other such minor points that, if thoroughly appreciated and cared for, will save us many of the post-operative complications and annoying, if not ill, effects.

The choice of an anesthetic, as pointed out in the premises, is of great importance, and especially from a post-operative point of view. The proper study of the patient and the careful selection of the best anesthetic, with its proper administration, are *all* important. Also the judicious use of morphia with atropia given hypodermically either before or during anesthesia, will prevent many patients from experiencing the ill effects and some complications following the taking of a general anesthetic.

Pneumonia, suppression of urine, nausea, vomiting and thirst may all be prevented in a decidedly great number of cases if the proper attention be given all details before, during and following an operative procedure.

In tubercular patients especially is the post-operative care essential and likewise capable of rewarding by good results.

The general hygienic treatment is all important. Get these patients into the open air, if not out of bed, at the very earliest possible moment; and this is greatly facilitated by aseptic surgery and closure of wounds when possible, doing away with a long siege of mixed infection, suppuration and granulation.

Pay strict attention to the *diet, elimination and rest at all times and under all circumstances*. In selected cases where there is no auto-innoculation and with opsonic determination, the use of Koch's tuberculin in doses that are accurately controlled, both as regards amount and repetition, will prove a useful adjunct to the operative procedure and in hastening and assuring a successful outcome.

Frequent and intelligent blood examinations are important, and give much information assuring a more intelligent treatment.

Light therapy, also general and local massage in the proper cases, and advisedly carried out will be useful in some cases.

*Read before Buncomb County Medical Society at Asheville Aug. 19, '07.

The Doctor as an Educator of the Public.

By Dr. B. K. Hayes, Oxford, N. C.

From a scientific article by E. W. Brewster in *The World's Work* for April, 1907, I have copied the following:

"There is no stranger paradox of science than this: That knowledge tends to begin with things far off, to end with the understanding of things familiar. The study of the stars of

heaven is the oldest of the sciences; the study of the human mind is the youngest.

There are no undiscovered mountains on the face of the moon as high as scores of charted peaks in Alaska and Asia.

The planet Mars has been mapped clear to the poles. Helium was discovered in the sun years before it was found on the earth; caronium is still known only there.

We have been sucking in with every breath argon, neon, krypton, and xenon, the new found gases, with whose conquest chemistry enters a new realm.

Radio activity turns out to be practically universal, while the successive transformations of the wizzard metal ends in lead.

Gravitation is the single natural force that remains unexplained.

What wonder then that life—the life that animates the grass of the field, the life that, without interruption, has been handed on from parent to offspring since the beginning of geologic history, the commencement of all things in nature—is the one thing which science is only now beginning to approach.”

In like manner, Mr. President, we of the medical profession have devoted ourselves to the study of rare diseases and abstruse problems. We have mastered systems of therapy that would have caused our forefathers to stand aghast. We are familiar with the rarest serum concocted in German laboratories. We laugh to scorn the professional brother who cannot discuss the latest treatment of some far off tropical disease.

With no thought of personal gain we give to the public the benefit of our reasoning and of our research.

The intelligent layman reads in current literature of our most scientific

advancement. These articles are not the product of ignorance nor of guess work, but are from the pens of the foremost specialists of our age.

A Pasteur discovers a treatment for hydrophobia and civic pride demands a Pasteur Institute.

A Behring discovers a treatment for diphtheria and within a year public opinion demands that we use it whether we believe in it or not.

A Koch announces a tubercular antitoxin and immediately the physician is denominated a “back number” who is not prepared to administer it.

A trypsin treatment for cancer, an “opsonic” treatment for the blood or a thyroid extract treatment for the glands is evolved, and we, by carefully prepared papers, by public addresses, by our conversation in the social circle or at the bedside render an eager public as familiar with these things as we ourselves.

In matters pertaining to the treatment of disease we are self appointed educators, and every physician.

“Like Cato gives his little senate laws And sits attentive to his own applause.”

Nor has the surgeon been less diligent in this regard than the physician. Every man who has a belly ache has been taught that he must either have his appendix removed or his hepatic duct explored for gall stones. Indigestion is the result of gastric ulcer or of carcinoma. In either event an abdominal operation must be done.

I am not here to oppose surgery. I have no criticism to make of medical research. I have elsewhere undertaken to prove that modern civilization could not exist were it not for the accomplishments of medical science.

I am proud of my profession. I am proud that I can say of the men who expelled smallpox, yellow fever, hos-

pital gangrene, and other messengers of death that they were my brethren. But, Sirs, as educators of the public "we have strained at a gnat and swallowed a camel."

We have gratified the desire on the part of our friends to hear some new thing. We have instructed the public in matters seemingly occult and mysterious. But in those things which affect men in their daily lives; in the thing of greatest importance to health; in the essential knowledge of simplest hygiene there is profound ignorance.

There are four simple words whose meaning and importance, if grasped by the public, would reduce to one-half the present death rate in North Carolina. They are *Ventilation, Exercise, Diet, Cheerfulness*.

Let me enlarge upon these a little. Last year, in consultation with a physician who is doing a large and successful practice, I went into the room of a patient with pneumonia. The room was hot, close and foul-smelling. When I advised that a window be opened my consultant objected on the ground that night air was unhealthy. He stated that he himself had been made sick by breathing night air, and refused to let the patient's window be opened. When ideas like this are still held by the profession what can we hope from the laity?

Our churches, theatres, court houses and school rooms are poorly ventilated—frequently not ventilated at all—and no man raises his voice in protest.

Half the physicians who compose this society have, during the past winter, worshipped God in an unsanitary church building; permitted their children to sit in unsanitary school rooms and paid their hard earned dollars for the privilege of sitting three hours together in an unsanitary opera house.

With the advent of summer come the diseases of children. We find our little patients with a temperature of one hundred and five. The windows and doors of the sick room are closed. The child is wrapped in flannel. It is held in the fat lap of a loving grand-mother, and its life is slowly burned away.

The indifference everywhere noticeable to ventilation may also be observed in regard to exercise and to diet. The over-worked and under-fed patient presents himself with tuberculosis; the under-worked and over-fed comes with some of the various manifestations of uric acid. The object of this paper is not to suggest the amount or kind of exercise for patients. The point which I wish to drive home is this; that the ignorance, indifference and stupidity on the part of the laity in regard to these things is a condition for which the medical profession is largely responsible.

If we are in reality the custodians of health; if we have the uplift of humanity and the welfare of our patients at heart; if we are to remain the educators in matters of hygiene then we must instruct people how to lead sanitary lives. Finally, it seems to me that the grossest ignorance and most criminal stupidity prevails in regard to the law of suggestion.

Suppose you are invited to dine with a friend. Before dinner he informs you that the meal is not such as to agree with your stomach. At table he plies questions like these: Do you think you can take it? Is it making you sick? Are you nauseated? Do you want the slop bucket? Are you going to puke?

Would any man enjoy such a meal? And yet just such questions are constantly being asked in the sick room. Recently I said to a loving husband that no one must go into the sick room

of his wife while weeping. With profound gravity he replied that tears showed sympathy and interest and that these were very grateful to a sick person.

When I have asked friends not to make unpleasant suggestions in the sick room, but on the contrary to suggest health and life and hope and joy, the charge is sure to come "You are a Christian Scientist."

Sirs, if we have so nearly lost our birthright that we can no longer invoke cheerfulness in the sick room save in the name of Mother Eddy, it were better that a millstone were hanged about our necks and we were drowned in the depths of the sea.

Are we to sit supinely in our homes while tuberculosis is decimating towns and villages? Is typhoid fever rampant to raise no voice of protest from the profession? Are American stomachs and nervous systems going to rack and ruin while we sit by with a smile? Or are we to listen to the gospel of a "simple life" preached by a layman? to the message of hope from the Christian Scientist? to sanitary science from the civil engineer?

Gentlemen of the medical profession, your people love you. Your towns and counties value your services. Your patrons look to you in sickness as a child cries to its parents in the night. To you is given the power to stamp out many of the diseases which prevail in our State—chief among which is tuberculosis. And this power can best be exercised by a systematic, intelligent education of public opinion.

*Read before the North Carolina Medical Society at Morehead City, N. C., June, 1907.

Hints Regarding Nasal Catarrh.

By W. H. Wakefield, M. D., Charlotte, N. C.

Every physician in active practice is continually being consulted by patients suffering from acute, subacute or chronic inflammation of the nasal passages. The number of sufferers of this class is legion and many of them have drifted into the opinion that "catarrh can't be cured," owing to the failure of the many doctors whom they have consulted to cure them or to give them anythink like a clear understanding of their condition.

In order that the physician might realize the greatest measure of success in treating any diseased or abnormal condition it is necessary first to make a careful and correct diagnosis to be followed by the intelligent application of remedies, including hygiene.

The wider my range of experience the more firmly I am convinced that nasal catarrh much more frequently results from improper habits than from any other cause. It is needless to describe a case of nasal catarrh; every physician is familiar with the outward signs of this condition. The question is how best to handle these cases? Many doctors without making a careful inspection of the nasal passages, advise the spraying of the nose with Dobell's Solution, pocket the fee and go on their ways rejoicing. Others include cocaine in the treatment and thus add to the army of drug fiends.

I want to make a plea for a clear and careful diagnosis in every case as a necessary preliminary to treatment. Cases of nasal catarrh divide themselves into operative and non-operative cases; cases that can be *cured* by operation only and cases that need no operation or only a trifling operation so

that it is almost quackery to speak of the procedure as an "operation." I repeat: First make a diagnosis. Make it in a dark room. Use nasal speculum, head mirror and a good artificial light. Apply by means of an atomizer or a small applicator a solution of Adrenalin Chloride 1 to 5000 and note its effect on the turgescient mucous membrane. If this opens up the passages and there are no septal spurs, deflections, enlarged turbinates or other surgical conditions, local applications aided by constitutional treatment in suitable cases, both pushed to the limit, will cure your cases. For turgid, relaxed conditions of the inferior turbinates the electrocautery or chromic acid applied in horizontal lines on the edge of the turbinates, making two or three narrow burns as deep as possible, will do a vast amount of good. The nasal cavity should always be kept clean by flushing or spraying with a non-irritating antiseptic solution alkaline in reaction. Many formulas suggest themselves but I find myself more and more using Glyco-Thymoline, one part added to four or five parts of normal salt solution, warming it before using. This can be applied by means of the nasal douche, sniffed from the palm of the hand or by means of an atomizer. Instruct the patient to blow the nose and expel the loose discharge, then apply the remedy again and again until the nose is clean. Keep it clean by repeated applications three to five or six times daily as each case needs. Study each case carefully and meet the individual needs. The plethoric individual who overeats and perhaps imbibes too freely must reform if he expects to be cured of his chronic nasal catarrh. Local treatment will make him much more comfortable but so long as he overeats just so long will his nasal pas-

sages be subject to engorgement. The feeble patient needs tonics. Fowler's Solution, Strychnine, perhaps Iron, in which case I give Pepto-Maugan so as not to interfere with digestion.

Many patients sleep under horrible conditions as to heating and ventilation. The room is often heated to a temperature of 80 degrees in midwinter by means of a fire in a sheet iron heater and the patients go to bed with the windows and doors closed tight. Tell these patients to hang a thermometer on the wall and not let the temperature rise above 68 or 70 degrees and instruct them to always open doors and windows and cool off the room before going to sleep. An open fireplace or grate is a great aid in ventilation and in rooms so furnished a smaller crack in the window is needed to admit fresh air and renew the air in the sleeping room then if the room is heated by a stove. A case or two might be mentioned by way of illustration.

A healthy woman of 40 consulted me regarding a healthy looking child of eight years who suffered from colds in the head, attacks of earache and otorrhea. Careful inspection of the parts named, including the throat, disclosed a turgid condition of the nasal mucous membrane which all disappeared on the application of a solution of 1-5000 Adrenalin. No enlargement of tonsil; no adenoid; pharynx slightly congested. The child had suffered an earache a month or so previous and both ears were discharging. Mother and father healthy except subject to colds for a few years. Two or three older children not subject to colds. Other younger patients all subject to colds but none so bad as the little patient. On inquiry I found that the father, mother and four children under eight years of age all slept in one room

about sixteen feet square, that the two younger children (two and four years) slept on a trundle bed, that during the day was rolled under the larger bed. The room was heated by a sheet iron heater made good and hot at the children's bedtime say 7.30 and kept so for an hour or two or until the parents retired, when the fire was allowed to go out. The windows to the room were kept shut tight and the one door was also kept closed. The other larger children slept in an upstairs room without fire. Note the result: Father and mother and all the smaller children were subject to colds, the other children were free from colds. The little patient was healthy except for catarrhal condition in the upper air passages and ears. I told the mother I could do her child very little good so long as she slept under such conditions. I advised her to ventilate that sleeping room at once, letting in a little fresh air at first, but increasing the amount of fresh air admitted during the night from week to week, also not to allow the room heated to over 65 degrees. The family doctor was using Glyco-Thymoline, one to four in nose and throat three times daily and I advised its continuance, also the cleansing of the ears to prevent decomposition of the discharge. Now note this carefully: The mother said, "There must be something in ventilation, Doctor. When I married my husband was a poor man and took me to live in a log cabin. The air came in between every log. Large cracks were around the door and windows, the cracks in the floor were large. We were chilly all winter but never had a cold. The older children were born there. They sleep upstairs in a cold room now and rarely ever have a cold. My husband is a thrifty man and "got on" in the world. He said he would build us a house we

could keep warm in. He made it tight. We keep warm but have colds all winter. I'm going home now and ventilate." I saw her four months later. She said, "We're all right now, Doctor. My whole house is ventilated and your little patient is well."

Another case: A healthy looking young woman of 25, troubled a great deal with sore throat and slight hoarseness and had a head cold much of the time. Every change in the weather made her worse. Examination disclosed a condition of Chronic Pharyngitis, also turgid turbinates (these turbinates had been called polyps by a physician who had "glanced" in her nose and he had prepared to remove them), and a condition of general relaxation and congestion of the nasal mucous membrane. Chromic Acid applied to the turbinates and a few applications of Silver Nitrate, twenty grains to the ounce, to the ery. Her nose and throat were sprayed three times daily and to combat the habit of taking cold she took a cold sponge bath, followed by a brisk rub every morning. At first this bath was with tepid water. Daily the temperature was reduced until cold water was used. No other treatment was indicated as she was in good health except the vicious habit of taking cold.

I could report hundreds of similar cases that were of great interest to me. They suffered from nasal or pharyngeal catarrh. They belonged to the non-operative class of cases. They needed local treatment and advice and instructions regarding the hygiene of their bodies, some violating the laws of health in one way, some in another and all being benefited in direct proportion to their vitality and the attention they were willing to pay the proper living and to the careful treatment of their diseased parts.

Selected Papers.

The Physician as a Business Man.

By S. D. Weatherby, M. D., Middletown, Ky.

The great Lover of Mankind said, "The laborer is worthy of his hire." In this age of the world, when man is rushing headlong over his brother in the mad run for gold and gain, it behooves us to cast about in order to find out if we, as physicians, are losing caste in the race.

The medical profession should start a campaign of education for those who wish to dodge their medical bills, and remind them early, late and often that we are not in the practice of our noble profession simply for the flattery and kind things some may say about us. Remind them of gratitude as an acute symptom; also of the fact that "short credits make long friends." Don't be afraid to talk business to your clientele. The physician who depends on the gratitude of his patients for his fees is like the traveler who waited on the bank of the river until it finished flowing, so that he might cross to the other side.

Show me a man of you to-day who neglects the business side of his profession and I'll point you to a man who will neglect his patients. A constipated pocket-book has a larger relation to unhappiness than does a constipated bowel.

"A stitch in time" may keep it from ripping further, but you will grow old just the same. Many dull and seemingly slow men gain a fortune by perseverance and steadiness, while others, better educated and brighter, make fail-

ures and "die in the straw," as the French say. The battle of life is not always gained by the young and the brilliant man, but by the persistent one. Doing a thing and keeping at it brings results, and we have the Bible as an authority. "The race is not to the swift or the battle to the strong, but to him that endures to the end." To be slow and sure in all things enables us to gain the goal. When Æsop wrote his fable of "The Hare and the Tortoise," he pointed the moral of continuous effort, and we have seen that the brilliant physician often fails and gives way to the one who is slow, sure and persevering. Men fail not because they lack talent, but for the want of opportunity; and it is safe to say that man is governed in life by environment, circumstance and opportunity. Place a man in proper environment, arrange circumstances favorably and give him a chance and he will succeed unless he is a fool. Shakespeare tells us this when he says, "There is a tide in the affairs of men which, if taken at the flood, leads on to fortune," and again, but in other words, he tells us, "There is a divinity which shapes our ends, rough-hew them as we will."

"Heaven is not reached by a single bound,

We build the ladder by which we rise

From the lowly earth to the vaulted skies.

And we mount to its summit round by round."

Did it ever occur to you

That gratitude decreases in inverse

ratio with the lapse of time following the beneficent act?

That the longer you allow an account to stand the harder it is to collect?

That a favor is soon forgotten, but that an injury is brooded over, making the resentment stronger with years?

That you gain only your patient's contempt for your business methods when you allow him indefinite time for the payment of his bill?

That medicine is a business as well as a science, and that the physician who is most business-like in his methods is most esteemed?

That it is a mistake to make your patients your boon social companions?

That the social ladder is not the one to mount if you seek to pluck the perimmon of professional success?

That the average man appreciates most what costs him most?

That it is better to make six two-dollar visits a day than a dozen one-dollar visits?

That the physician should "heel thyself," lest in old age the world say, "Well done, good and faithful servant; enter thou into the poorhouse."

According to the table compiled by Doctor Jarvis, the life of the average physician is 50. Then, if you begin practice at 24 your active life prospect will be 32 years, and from a thousand to fifteen hundred dollars will represent your average yearly income.

Now, were you (through God's mercy) to practice these thirty-two years without losing a single day and collect, say, \$8 every day of the time, you would receive but \$93,440. Deduct from that amount your expenses for yourself and your family, your horses, carriages, books, periodicals and instruments, your taxes, insurance and a multitude of other items for the whole

thirty-two years, 11,680 days; and then, so far from being rich, you would have but little, very little, left to support you after you naturay reach the down hill of life or are broken down in health and faculties deteriorated and in need of a physician yourself through worry, anxiety and fatigue in the discharge of your duty. Medicine in all ages has attracted into its ranks the most self-sacrificing members of society. As a science it was born in altruism.

To this day it offers the greatest opportunity of any department of life for the practice of the most ennobling graces of character. Medical men stand alone among all others on earth in striving with their whole might to extinguish their own business. They preach temperance, virtue and cleanliness, knowing well that when people come to follow their advice their occupation, like Othello's, will be gone. They establish boards of health to arrest disease, while well assured that such sanitary measures steal money from their pockets.

If bakers, grocers, dry goods men, carpenters, tailors and members of all other lines of business gave as much of their labor in charity as doctors do poverty would be wiped from the face of the earth.

A very important question when a medical service is performed is, "What is a reasonable fee—one that represents justice to both parties?" The fact is that money sometimes cannot pay for the services rendered by the doctor, and the physician whose sole aim is to make money is a disgrace to his profession.

You can't pay for a mother's love, nor can you pay for the faithful services of a physician who, day and night for weeks, pours upon you the treasures of years of study and observation

and the richness of a full, sympathetic heart. You may make him an acknowledgment, but "what will a man give for his life?" The generality of people labor under the delusion that doctors' fees are extravagant. This is a mistake. You cannot put a llkinds of bills on the same footing. One patient should receive his bill by mail; to another, send a collector; and in the case of still another, deliver the bill to him yourself. In the case of others, who pay promptly, wait until they ask for their bill. Try to gain by studying people and their circumstances, and look for them all to pay. In other words, have a settlement with every patient. All will not pay in full, but let them know that you are a business physician and that you expect them to come up, pay up and do business with you just as they would with other people.

Personally, we contend that all patients should be able to pay something at some time; and if you will impress this upon their minds and get a part payment, if not a full one, it makes the transaction appear to be a business one. Never let a man run from year to year without some sort of a settlement, and mark my word, if you do, then no one is to blame but yourself. We have a few of the last mentioned, and those same people can lead us farther from a financial topic than any of our other patients.

Professional Bookkeeping.

A matter of the utmost importance is the manner in which a physician's books are kept. The ones he is not carrying should be kept in a fireproof safe. His books should be kept up to date without the use of signs or symbols—everything in plain language. The one you are waiting on may die and you be compelled to settle with a court of justice, and the attorney may teach you

the lesson that self-preservation is the first law of nature. Personally, I have never gone into a court of justice that I did not win my case. Let your books reflect your own character and habits of life—neat, systematic and accurate. If your accounts are not straight at present, cut off all dead-beats and post your books up to date.

It hurts a man to carry dead weight. "The mill will never grind with the water that is past." We cannot buy houses or horses with the money people owe us. So if it is lost and gone forever, let us build for the future, and though we may not do a smuch work, why, do little work and receive more and better pay.

Though one gives all of his services to the poor and has not the knack of collecting his bill from those who are not poor, it profieth him nothing.

Physicians' Investments.

It would be an interesting study to determine how it is that ability to collect a bill goes hand in hand with therapeutic success, for certain it is that the best doctors are usually the best collectors. As we have dealt at some length on bad debts and the lack of collections, what shall we do with what money we are able to collect or have collected? First of all, don't trust your money into the hands of sharpers, tricksters or gamblers. If you have a little laid by for a rainy day or in case you get sick, just hold on to it. If you are the happy possessor of more than you can use for present needs, invest it in real estate close to home. Don't invest in mines, be they silver, coal, brass, copper or what not. Remember some of the mines only exist on paper. Oil wells, even if the company has any, may catch fire and burn up. Why can't you use your own hard-earned dollars better than any other slick citizen can

use them for you? He may use them to better advantage, possibly, than you could, but the advantage will be to the other fellow.

Every physician should make as good an appearance as possible. We should all keep our regular office hours and attend promptly to calls. Then will come to a realization the saying, "The laborer is worthy of his hire."

—Med. Council.

The Control of Sex.

By W. J. Moonkhans, Ph. D., Bloomington, Ind., Junior Professor of Physiology, Indiana University School of Medicine.

Whether it will be a boy or a girl is a question that either has or sooner or later will become a matter of much concern to most of us. Whether the sex of an animal or plant can be controlled has at all times been a subject for speculation, and in the last half century one for extensive investigation. The lack of definite facts has encouraged an almost endless amount of speculation. Drelingcourt brought together 262 groundless theories of sex, as he called them. Blumenbach, in relating this fact aptly remarked that nothing was more certain than that Drelingcourt's own theory constituted the 263rd. The decidedly renewed interest in this question during the last few years is leading to a re-examination of the older theories and experiments and is adding a large body of new facts which promise to essentially clarify the whole problem. It may be of interest to the readers of the Monitor to have a brief review of the more important views that have been held and a brief statement of the present tendencies in our ideas on this subject.

The first attempts at a really scien-

tific investigation of the question are of a statistical character. Birth statistics gathered for the whole of Europe, aggregating several millions, show the sex ratio in the human species to be 106 males to every 100 females. This same ratio approximately holds for any of the countries of Europe. The disproportion in the sexes is very much greater in the still-born and the abortive births. Among the former the ratio is about 130 males and 100 females, and in the latter, 160 males to 100 females. An even greater disproportion in favor of one sex or the other is found among some of the lower animals. No plausible explanation for these facts is forthcoming.

These birth statistics of the human species have been variously arranged with a view to giving them an interpretation. Perhaps the most widely known attempts were those of Hofacker and of Sadler who endeavored to show that the relative age of the parents influenced the sex ratio of the offspring. Thus, arranging their data on the basis of whether the father was older than, of the same age or younger than the mother, they found the ratios of males to each 100 females to be 121.94 and 86 respectively. This so-called Hofacker-Sadler law, however, has not received confirmation. Thus, Berner, using 267,946 births, finds the proportion to be 104, 106 and 107 respectively, showing, if anything, a directly opposite effect.

Schultze (1903) endeavored to test this experimentally with mice. He finds no evidence that the relative age of the parents influences the sex of the offspring.

In a similar manner Dusing (1884) attempted to show by this statistical method that in man the proportion of males born is greater among the poorer

classes than among the higher. The assumption here is that the parental organism, being better nourished, in the latter class affords more abundant food both to the sex cell before impregnation and to the developing embryo during incubation within the mother. Thus, in France, the sex ratio among the lower classes is 115 males to 100 females, while among the upper classes the ratio is 104 to 100. Similarly in Sweden, the nobility show a sex ratio of 98 males to 100 females, while the clergy show a ratio of 109 to 100. On the other hand, Punnett (1903) found that in London, there are more females born among the poorer classes and more males among the higher—a directly opposite result. Punnett draws the conclusion that sex in the human is independent of parental nutrition.

This idea that the quantity or the quality of the food can effect the germ cells before or the developing embryo after impregnation has given rise to a large amount of experimental work along this line. This has for the most part been performed on the lower organisms.

The first experiments to excite interest were those of Landole (1867) and Mrs. Treat (1873) on butterflies. The latter took two lots of caterpillars. The one lot she fed abundantly before the last moult and got 68 females and only 4 males. The other lot was correspondingly starved and produced 31 males with only 1 female. This certainly points to the conclusion that good nutrition favors the production of females. Riley repeated and extended these experiments and did not obtain similar results, especially when he took into account the mortality among the starved lots. Furthermore, it seems now to have been shown that the sex of

the caterpillar is already determined at the time it emerges from the egg so that it would scarcely be possible to change the individual over from one sex to the other.

Cuenot (1899), selecting a class of animals in which the germ cells are not thus early differentiated, namely, the flies, made some thorough tests as to the influence of food. One of the flies used was the common blow fly. In a lot well fed he obtained 64 per cent. females and in a poorly fed lot the per cent. was about the same, 50. Cuenot concludes as a result of all his experiments that food does not affect the sex but that this is already determined in the egg.

Thinking that possibly food conditions might act more remotely on the germ cells, Kellogg (1904) varied the food conditions of the parents and the grandparents in the silk-moths. He found no definite indication of the influence of food on the sex.

The much-quoted experiments of Born (1881) and Young (1883) in which they show that in frogs the proportion of the sexes could be determined by the quantity and quality of the food seem as a result of Pflüger's and Cuenot's experiments to have been made with insufficient care, so that their results must be discarded.

Schultze (1903) experimented with white mice, varying the quantity and quality of the food of the parents. In a poorly fed lot, the individuals of which reached only one-third to one-half the normal size, he obtained 42 males and 48 females. In a well fed lot the ratio was about the same—36 males and 40 females. A lot fed on food relatively poor in albumen gave 18 males and 22 females, while a lot fed on food richer in albumen produced 29 males and 26 females.

Belonging to this category are the experiments of Schenk, which gained such notoriety a few years ago. These are too well known to warrant repetition here.

The condition of the germ cells as determined by the staleness, the vigor of the parents, in breeding, etc., have all been brought forward as factors in the control of the sex.

In regard to the first-named it has been maintained that if the egg is impregnated immediately after its exit from the ovary, i. e., while it is fresh, it will tend to produce a female, but if some time elapses before it meets the sperm it is more likely to produce a male. Similarly in regard to the sperm. In the human species the staleness of the sperm could be controlled by controlling the length of time elapsing between coitus and the period of ovulation. I have encountered very strong advocates of this theory among physicians. There is, however, no evidence to substantiate the theory. Experiments on cattle, rabbits and hens definitely gainsay it.

The tendency of recent work has definitely been for the most part to emphasize the view that the sex is predetermined in the egg or sperm and that the sex of the embryo is definitely decided at the time of or previous to fertilization. In the human the sex of the so-called identical twins is usually brought forward in support of this view. These are supposed to differ definitely from a second class, the fraternal twins, in their much greater resemblance to each other. The sex of identical twins is always the same, i. e., they are both male or both female. This fact is satisfactorily explained by the assumption that the two individuals are derived from the same egg. This egg having been fertilized by a single sperm

divides and in the two-cell stage the cells become separated and each grows into a complete embryo. That this is possible has been abundantly shown experimentally in other animals. If the sex is predetermined in the egg or sperm any individuals developing from this egg must have the same sex. In the case of fraternal twins that are supposed to be derived from two separate eggs each fertilized by a sperm the characters including their sex, may be as different as is usual among members of the same family.

A condition analagous to identical twins is found in some other animals. thus, in the armadillo the individuals of any given litter are all of the same sex. The explanation here possible is the same, namely, that all came from a single egg. A striking example of this same sort is found among certain parasitic insects. The calcid fly lays a single impregnated egg in the egg of a moth. This egg, instead of developing into a single individual, buds off a great many cells each of which grows into an adult. The flies belonging to any given brood since they came from a single egg are all of the same sex, pointing strongly to the fact that sex is determined at or before fertilization.

The important discoveries of McClung and Wilson and others in the structure of the egg and the sperm have done more than anything else to emphasize the view that sex is determined at the time of fertilization. These studies are, perhaps, too technical to warrant their discussion in detail at this place. A general statement of the facts can be made. They find in the sex cells of certain animals a definite structure that they have called the sex chromosome, which seems to be definitely associated with the production of sex. We thus have for the first

time found a definite structure which, it seems, we can say contains the material which either determines the sex or is in some way associated with its production. In the clearest cases they find that the spermatozoa are of two kinds, one containing the sex chromosome and the other not. These two kinds of spermatozoa are equal in number. When a given egg is impregnated by a sperm having the extra chromosome it has been definitely shown that the resulting individual becomes a female. If the egg is fertilized by the other kind of sperm it develops into a male. The chance of being fertilized by one or the other kind being equal, we can account for the approximate equality in the sexes usually found in animals. It should be said that the matter is not quite so simple as here stated, but the difficulties encountered will perhaps not be insuperable. These discoveries are inciting the greatest activity in the problem of sex and we may with no little assurance look for a distinct advance in our knowledge of the nature and control of sex during the coming decade.—Central States Medical Monitor.

Treatment of Gonorrhoeal Ophthalmia Neonatorum.

By W. A. Shoemaker, M. D., St. Louis.

The most successful treatment of this disease is the prophylactic treatment. This includes antepartum antiseptic treatment of the parturient canal and postpartum treatment of the lids and conjunctival sacs. The Crede method has been deservedly popular for some years as it has reduced the number of cases of this trouble amazingly. The 2 per cent. solution of silver nitrate is, unfortunately, very irritating to many eyes and this fact doubtless has pre-

vented its general use. Since the introduction of the organic salts of silver, protargol and argyrol, it has been found that solutions of these salts are quite as effective as the nitrate of silver and are practically unirritating, especially the argyrol solution. There seems no good reason, therefore why several drops of a 20 to 30 per cent. solution of one of these salts should not be instilled into the conjunctival sacs of each infant, by the attending physician, immediately after its birth. Preceding this all secretions should be washed from the eyes with sterile water or a mild antiseptic solution, and the conjunctival sack gently flushed with the same solution.

The first symptoms of the disease usually appear any where from several hours after birth to the fourth day. These are excessive lachrymation, photophobia, and a deep red conjunctiva, which has a velvety appearance. The child usually becomes restless and may develop some fever. If proper treatment is promptly instituted upon the first appearance of these symptoms the disease can, as a rule, be effectually checked and it will run a much shorter course than if treatment is delayed until after infiltration and supuration have been established. For this reason the eyes should be closely watched the first four days by the attending physician. The treatment giving the best results in the hands of most writers on the subject is the employment of argyrol or protargol in solution varying from 10 to 50 per cent. Miles Standish recommends the use of 20 per cent. protargol or 25 per cent. argyrol instilled freely between the lids at intervals of one to four hours. Until recently much stress has been laid on keeping the secretion carefully washed out of the conjunctival sac. Lately Bruns' "immersion treatment" has gained favor with some.

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The originator of this treatment, Henry Dickson Bruns, in the New Orleans Med. and Surg. Jour., November, 1905, says of it: "As soon as the case presents itself the free instillation of a 10 per cent. solution of argyrol every fifteen minutes day and night until suppuration has ceased is ordered. No violence is required to do this. To the patient or his attendants is demonstrated how to draw the lids carefully and gently apart and allow the solution to fall into the conjunctival sac from a medicine dropper. The excess of fluid and the pus carried out with it are wiped from the face with bits of moist absorbent cotton. No other collyrium is used and no further effort to remove pus from the conjunctiva is made. Under this immersion treatment. . . pus formation is checked and the case removed

from the dangerous category in from 48 to 72 hours."

Where the case is not seen until after ulceration of the cornea has taken place, or where this complication develops in spite of treatment, in addition to that treatment of the conjunctivitis such measures should be instituted as would be indicated in the management of corneal ulcers under other circumstances. In the later stages of the disease, where the conjunctiva is much thickened, the organic silver salt may be replaced by the nitrate in 1-4 to 1-2 per cent. solutions brushed lightly over the surface of the conjunctiva once daily, as its astringent properties are valuable in this stage.—*Courier of Medicine.*

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Editorial.

The Election of Delivery by Version or Forceps.

In a case of dystocia it is often a difficult matter to select the proper means by which delivery may be effected, considering at the same time the best interests of both mother and child. Cases in which it is necessary to open the abdomen are rare, but an election between the use of the forceps, especially in their right application, and performing Podalic version are more frequent. To the accomplished accouchier, neither of these operations presents any special difficulty, though it may be a nice point to decide as to which offers the better chance to both mother and child. To the beginner, or one not specially skilled in obstetric manipulations, the operations are both of more than ordinary delicacy, and the election of the plan to be pursued may prove a veritable dilemma.

Two papers dealing with this question have appeared in the last few

months, and to these together with my own personal experience, I am indebted for much of the material in this editorial. The first of these is by W. H. Wills' demonstration of obstetrics in Jefferson Medical College (*Therap. Gazette*, Aug., '07), and the other, by W. M. Brown (*Buff. Med. Jour.*, April, '07).

Williams (quoted by Brown) gives four indications for interference—(a) those in which the expulsive forces are subnormal and are not strong enough to overcome the natural resistance offered to the birth of the child by the bony canal and the maternal soft parts. (b) Those in which though the expulsive force may be of normal strength, abnormalities in the structure or character of the birth canal offer a mechanical obstacle to the descent of the presenting part. (c) Those in which the foetus on account of faulty presentation or excessive development cannot be expelled by the 'vis-a-tergo.' (d) Those in which accidental complica-

tions such as eclampsia, hemorrhage, etc., lead to various irregularities which interfere with the normal progress of labor.

Broadly speaking the forceps is the safer operation of the two and must be the one used whenever it is feasible to do so with safety to both mother and child. Unless it is in the high application, of which more will be said later, it is the easier of the two, while the importance of its difficulties and changes must not be overlooked. The comparative safety is to both the child and the soft parts of the parturient canal. It is not permissible in all cases, more especially those in which time is a factor to be taken in consideration, for as Brown says "version, when possible, is the operation of speed, although it is often more dangerous to the child." Wells says on this point, "in the mother's interest forceps delivery is the safer as far as the operation itself goes, * * * where rapid delivery is necessary properly performed version is the better operation."

Wells gives the following resume of the indications for interference:

"Where rapid delivery is necessary, the pelvis being of normal size or flattened very slightly in the anteroposterior diameter, the transverse diameter being of normal size or increased, the cervix and vaginal canal dilated and well softened, version is preferable to forceps when mechanical interference is necessary. Among the special indication for version may be classed the following: Brow or face presentations with no rotation of the chin; certain cases of occipitoposterior position; parietal presentations; placenta previa, if the presenting part is high up in the pelvis and the soft parts dilate slowly; certain cases of deficient uterine contractions; prolapse of the cord; trans-

verse positions; excessively large caput succedaneum; some cases of eclampsia."

The requisite conditions to successful version as enumerated in this resume are not always present, indeed in my own experience have never been present, for in all cases of Podalic version there has been trouble with a want of sufficient dilatation of the cervix and vaginal canal. On this point Brown gives some pertinent advice as follows: "Having decided that the mother cannot or will not be allowed to do the dilatation, then it must be done by the obstetrician. If you have elected to be the force that is to deliver the child, then you are to the work with your own hands and not with the child's head, starting then at the vulva you proceed to dilate and when you think you have dilated sufficiently, then dilate some more, for upon the thoroughness of the dilatation will depend, in a great measure, the success of the delivery.

"When the vulva has been sufficiently dilated, the vagina should be dilated until the cervix is reached. The hardest part of this division of the operation is the dilatation of the cervix, and sometimes it is almost impossible to accomplish it within the time circumstances may demand that the labor shall be terminated. In such an instance some more radical procedure will be imperative; but if the child is delivered through the pelvis, it is imperative that the cervix be dilated and paralyzed." This he claims is the first step in either version or forceps delivery. One point from my own experience I would emphasize—to paralyze the cervix, especially if version is to be performed.

The presence or absence of the waters may often be a deciding point in the election of the method to be

used. If the membranes are ruptured and the waters have escaped, the introduction of the hand into the uterus, the finding of a foot and bringing it down in the presence of an irritable and contracted womb is much easier described than accomplished, and if haste is essential too much time should not be given to the attempt. The accomplished accouchier may not experience these difficulties; the novice will.

A word of caution as the high application of forceps, for most of these cases the head will not be engaged but lying loose above the brim. Forceps with an axis traction should be used as the first part the applied force must be in line with parturient canal. I have in the absence of the traction attachment run sterilized roller bandage through the openings of the blades before introduction and used these as a means of making traction with success but only as a diurner resort. As to thier introduction I quote Brown, which plan I endorse from experience:

"This is the one condition in which the forceps should not be applied to the sides of the head, but to the brow and mastoid and great care becomes necessary to avoid injury to the child. I have seen an interne deliver a child with an eye gouged from its socket. When the forceps have been properly adjusted traction should be made with the rods in the axis of the pelvic inlet. When the head is well drawn into the pelvis the forceps should be removed and reapplied, this time being adjusted to the sides of the child's head, when rotation is completed and the head delivered in the usual manner. Safe delivery absolutely demands the readjustment of the forceps when the head has been drawn into the pelvis. It was

a failure to do this that resulted in the loss of an eye just mentioned."

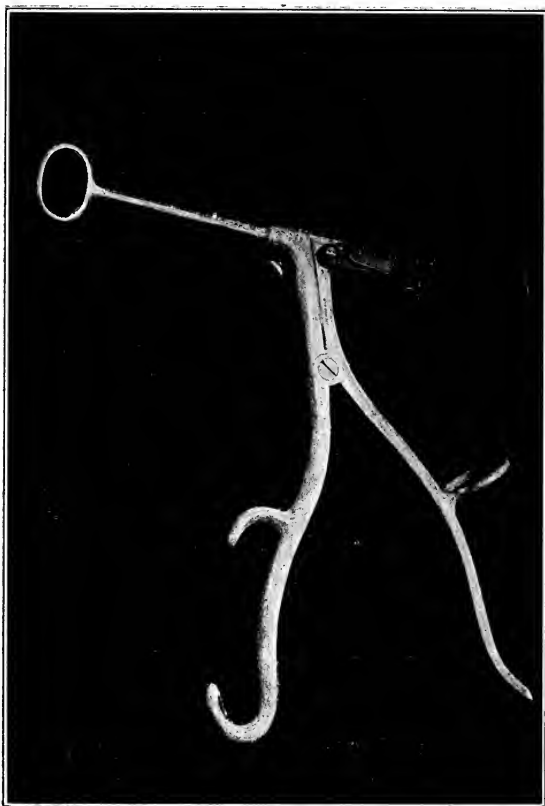
Laten Diphtheria.

Dr. Myer solis-Cohen in a paper read before the Penna. Med. Soc. (*Pa. Med. Jour. Sept., '07*), considers laten diphtheria a menace to public health, and a cause of dphtheria being such a common disease in spite of our knowledge of its bacteriology and the means of prevention. These cases are not restricted in their attendance in public places, and a false sense of security is given by the rules now in vogue as to disinfection. He regards (as diphtheria) any pathologic condition, local or general, due to infection by specific organisms, as defined by Williams, and applies the term latent to those forms unassociated with pseudomembrane."

The paper is based on twenty-seven cases examined by him for various sore throats, none of whom were sick enough to be isolated, but all of whom gave positive evidences of diphtheria bacilli. In this examination no account was taken of the so-called pseudomembrane bacillus or Hogman bacillus. Latent diphtheria is explained by the bacteriologist as being due to variations in the virulence of the bacillus; to the susceptibility of the individual; and in some cases to the presence in the blood of an antitoxine sufficient to counteract the effects of the bacilli.

His studies lead him to the following conclusions:

1. The prevalence of dphtheria is due to the lack of control over latent cases of diphtheria and over the so-called "carrier" cases.
2. Diphtheria may occur in a latent form without pseudomembrane and with only slight symptoms.
3. Latent cases of diphtheria



DR. BATTLE'S MODIFICATION OF DR. PETER'S TONSIL SNARE.
(This Cut should have appeared in September issue.)

quite so. The slight danger from freshly cut ice as well as the natural desire not to put even sterilized frozen sewage in our water, suggests agreement with the report of Dr. Jackson, that portions of rivers greatly contaminated, such as the Hudson within three miles of Albany, should be condemned for harvesting ice for domestic purposes—such ice alone to be used where there is absolutely no contact with food.

Dr. Battle's Paper.

We desire to call attention to the illustration of Peter's Tonsil Snare showing Dr. Battle's improvement. This illustration was printed and ready for binding in the September number when fire destroyed the job printing department of the Observer Printing Co.'s plant. The sheets containing this illustration were burned and for several days it was thought the plate was also destroyed but in the general "clean-up" it was found, slightly damaged, to be sure, but in fairly good condition. The writer desires to say that Dr. Battle's improvement of Peter's Snare is of great value, making the removal of a tonsil, when the wire loop is properly placed, very quickly and easily done. He had long wished for this addition to the snare and endeavored to "study it out" himself, but without success.

The only weak point in this valuable instrument has now been strengthened and the snare as improved leaves nothing to be desired.

Dr. Battle's paper was read before the North Carolina Medical Society at its meeting in Morehead City in June, 1907.

To Our Delinquent Subscribers.

We have mailed bills to all subscribers who are "behind" and while many have responded promptly, there are several hundred who failed to heed our request for settlement. Kindly take time, Doctors, to "sit ye down" and write out a check for amount due The Carolina Medical Journal. You do not owe us much, but 500 delinquents owe us a goodly amount. We are counting on receiving your remittance by early mail.

A Fine Discrimination.

A Chicago lawyer tells how the most popular man in a Nevada town got into difficulty with a disreputable tough—for a long time the terror of the place—and proceeded to "do him up" in a manner entirely satisfactory to the community at large. It becoming necessary, however, to vindicate the majesty of the law, the offender was brought up for trial on the charge of assault and intent to kill. The case soon went to the jury, when they had been out about two minutes they returned.

"Well, gentlemen of the jury," asked the judge, in a familiar off-hand way, "what have you to say?"

"If it please the court," responded the foreman, "we, the jury, find that the prisoner is not guilty of striking with intent to kill, but simply to paralyze, an' he done it."

So the prisoner was acquitted and applause.—April Lippincott's.

Abstracts.

Glycosuria in its Surgical Relations.

A. E. Halstead, Chicago (*Journal A. M. A.*, September 7), discussed the relation between traumatism and certain surgical diseases and sugar in the urine. After noticing the work of Redard, Hadke and Kausch in this line, he reports his own observations. He has examined in this regard 50 cases of fracture, 6 of them fractures of the vertebrae. In 3 of the latter sugar was found; in 2 directly after the injury, one patient dying on the second and the other on the third day. The third glycosuric patient died on the twelfth day; all the non-glycosuric patients lived over two weeks. Of the remaining 44 patients, all of whom had simple fractures—6 had sugar in the urine for periods of 12 or 14 days; in none were there other signs of disturbed sugar metabolism or was the healing of the fracture influenced. The chief significance of these observations, in his opinion, is in their pointing to shock or cerebrospinal concussion as the principal cause of the condition. Such ephemeral glycosuria does not seem to have any influence on the healing of the injury. Nevertheless, he would postpone operations that are not imperative until the disappearance of the sugar. A more permanent glycosuria might possibly result from the shock of operation or the anesthesia, and the chances of non-union be greatly increased. The secondary transitory glycosuria due to drugs or infections does not seem to affect the prognosis of surgical infections greatly, but, according to Hal-

stead, it should cause the postponement of major surgery while the needed measures for its relief are being carried out. It is not a contraindication, however, to necessary minor surgical procedures, but rather the reverse. In long continued suppuration the possibility of a secondary glycosuria becoming permanent must be kept in mind. In erysipelas, sugar in the urine is of serious prognostic moment, as an index of the severity of the infection. In diabetes, imperative operations have to be risked, and, from his review of the evidence, Halstead does not think that we can always take the quantity of sugar excreted as a guide to the safety of an operation. Other substances, acetone, diacetic acid, etc., indicate a greater danger of coma than any quantity of sugar alone. He would try a thorough course of treatment in case a high percentage of sugar is present, before performing any operation that can be postponed. Under aseptic conditions, except in the lower extremities where the circulation is likely to be impaired, wounds heal readily in diabetes. The dangers incident to infection, however, are increased and operations that are avoidable should not be considered. Too much stress can not be laid on the importance of a rigid course of preliminary medical treatment. Inhalation anesthesia, even by nitrous oxid, should be avoided so far as possible. In case operation is unavoidable ether is the least, and chloroform the most harmful. Local or regional anesthesia should be the form employed whenever possible. Halstead insists on the importance of prophylaxis as regards gangrene in dia-

betes. The danger of infection of even insignificant abrasions should be impressed on the patient, and corns, warts and calluses of the lower extremities should receive careful attention and should be treated only under the most rigid antiseptic precautions. When gangrene has occurred the question when and where to operate is of importance, and the condition of the arteries will have to be considered. When the gangrene has reached the dorsum of the foot, obstruction of the popliteal at its bifurcation has possibly occurred and amputation above the knee is always to be advised. A general anesthetic is unnecessary in most cases as spinal cocainization will generally suffice.

Etiology and Recent Treatment of Hay Fever.

Curtis gives the factors entering into the etiology of Hay fever as—1st a nervous element; 2nd, a pathologic change in the nasal mucus membrane; 3rd, an exciting constitutional dystrophia, as a lithemic or uric acid diathesis; and 4th, some adventitious irritation as dust, pollen, or animal emanations. (Jour. A. M. A., July 13, '07.)

The Dunbar antitoxine treatment is discussed and the views of many users of the remedy given, as well as the development of the antitoxine by Prof. Dunbar.

The following is the author's summary:

"A careful study of the facts at my disposal leads me to the following conclusions:

1. Hay fever is a disorder amenable to no specific treatment.

2. The number of cases of hyperesthetic rhinitis from other causes than rag weed and other pollens is about one-third of the total number.

3. About one-third of the cases supposed to be due to pollen reaction may be relieved by constitutional and surgical methods of treatment. Predisposition to attack in these cases being due to definite causes, would suggest the theory that induced enervation of the sympathetic was an important etiologic factor.

4. Primary intoxications may take place from pollen toxins in cases where the sympathetic system apparently is not previously enervated. These cases, theoretically, should react to antitoxin treatment.

5. The consensus of opinion to-day is against the claims made for pollantin, though observers who have been instructed personally by Professor Dunbar indorse unqualifiedly the great benefit to be derived from the treatment.

6. Medically the suprarenal capsule products hold the first place to-day in the treatment of hyperesthetic rhinitis.

7. The importance of constitutional treatment as an adjunct to any local application is of supreme importance.

8. The best of all treatments yet found is the climatic, with previous attention to nasal conditions."

New Methods of Version in Transverse Presentations.

—*Surgery, Gynecology and Obstetrics.*

King reports a few cases in which version has been accomplished by the patient kneeling or squatting and while using the commode. From the study of these cases he was led to formulate his theory and he states that the chief purpose of the paper is to evoke further clinical experiment. The method is especially applicable to transverse positions, thus in a left shoulder pres-

entation, the back of the child directed anteriorly, the head being on the right iliac fossa, if the woman, her left foot flat upon the ground and somewhat forward, while the right foot rests on its toes considerably behind the other and then squats, the left thigh will come in contact with the abdomen high up opposite the breech and the right thigh will infringe chiefly on the head. The direction of pressure will be such that the breast will be forced obliquely upwards and inwards and towards the median line, the head will also be forced upwards and inwards toward the median line. After this position you add the rectifying influence of labor pains he thinks it impossible that a transverse presentation could persist for any considerable length of time. The same results are also accomplished by kneeling and manipulation of the lower limbs but in a lesser degree.

Prime Formation.

The physiologic facts, so far as known, and the theories regarding the urinary function are critically reviewed at some length by T. Sollmann, Cleveland, Ohio (*Jour. A. M. A.*, August 31), who summarizes his conclusions substantially as follows: 1. The modifications of Nussbaum's experiment (ligation of the renal artery to exclude the glomeruli from the circulation) prove that in the frog all the normal urinary constituents can be excreted vicariously by either glomeruli or tubules, but the elimination of water, and probably of most other ordinary constituents, occurs normally only by the glomeruli. Certain pigments, on the other hand, are excreted exclusively by the tubules. It is probable, though not proved, that similar conditions exist in mammals. There is no conclusive

evidence that urea is secreted differently from the salts. 2. As stated, the tubular epithelium can secrete all the urinary constituents in the frog. It is highly probable that it secretes pigments in mammals. It is proved that it secretes sugar under the influence of phloridzin, and doubtless it can secrete other substances, but there is no definite evidence that it normally secretes any of the normal constituents. Reabsorption under normal conditions is neither proved nor disproved; its acceptance, however, explains many phenomena. If it occurs it must be selective. 3. Filtration through the glomeruli is physically possible, as it occurs in dead kidneys. The effects, moreover, of saline diuretics correspond closely in both living and dead kidneys, indicating that filtration is an important factor in urine formation, though there is no direct proof. Filtration, however, can not explain the composition of the urine. 4. It is probable, though not proved, that glomerular urine may, at times, have a much lower concentration than the plasma. The formation of such a fluid would probably require more than the ordinary filtration pressure — in other words, would be a secretory process. 5. It is probable also, though not proved, that the urine ordinarily becomes more concentrated as it passes through the tubules. In any case, the formation of a urine of greater concentration than the plasma requires an unknown force — whether secretory or absorbing — which must be classed as vital. 6. There is no satisfactory explanation of the adaptation of the urine to the needs of the body, none of the proposed theories resting on conclusive proof. 7. There is no binding evidence as to the mechanism of any of the diuretics, but it is highly probable that salts act main-

ly physically and mainly on the glomeruli, and that phloridzin acts on the tubules. The diuretic actions of water, urea and caffeine are even more obscure.

Incision of the Anterior Uterine Wall as a Treatment of Chronic Inversion of the Uterus.

—*Surgery, Gynecology and Obstetrics.*

Peterson reviews the various unsatisfactory operations that have been proposed for chronic uterine inversion. He reports two cases in which he performed Specialles operation. The operation consists essentially in a transverse incision in the anterior cul-de-sac and splitting the uterus from the os to the fundus. The reinversion is then easily accomplished with the fingers and the uterus wound sutured and the uterus replaced in the cavity with drainage in the cul-de-sac. The article is beautifully illustrated.

Post-Operation Treatment.

—*Annals of Surgery.*

Dr. J. H. Gibbon in a delightfully written article on Post-Operation Treatment states that many surgeons attribute their good results as much to their particular after care as to their individual operative technique. The post-operative treatment really begins while the patient is still on the table. He condemns the operator who works regardless of time and the amount of anaesthetic his patient is taking or who pays no attention to the patient's posture on the table. He states that it is a great mistake to confine ourselves to one anaesthetic. He usually uses chloroform of ethyl and ether but in certain selected cases where there are contra-indications to the use of chloroform or

ether he uses infiltration anaesthesia or the morphine scopolamine chloride of the morphine — scopolamine — chloride of ethyl, or some other combination. A potent element in producing pain and predisposing to suppuration is the ligation of large masses of tissue and the tight suturing of wounds. He has never performed an abdominal section without giving the patient a dose of morphine before they have regained consciousness. Pain coming on some hours after an operation is not to be treated by the administration of an anodyne but its cause should be carefully sought for, a careful and considerate nurse can do much to relieve pain, oftentimes by the simple change of posture, the cutting of a tight bandage, etc. Nausea and vomiting are not so troublesome with the improved methods of giving anaesthetics and with the single dose of morphine and atropine before leaving the table. Thirst can be largely relieved by giving large quantities of salt solution by the rectum. He occasionally allows his patients to be helped out of bed rather than use the catheter. This is especially true as regards male children. He has gradually shortened the stay in bed but is not as radical as some who get their patients out on the second or third day. He takes the individual disposition of the patient into account.

Ice and Typhoid Fever.

W. H. Park, New York City (*Journal A. M. A.*, August 31), notices the rarity of observations of cases of typhoid fever traceable to infected ice, and discusses the probability of such occurrence. He reasons that if Hudson River ice produced an appreciable amount of typhoid it would be noticeable at certain months in the year when

the latest stored ice is consumed, but the facts do not bear out this probability. It has been shown that typhoid fever bacilli could survive three months in ice, but this fact has been wrongly interpreted as supporting the theory of danger from this source. In Prudden's experiments, so often quoted, a few bacilli survived for that period, but these were but a small fraction of 1 per cent. of the number originally contained. In Park's own experiments, made with 21 different strains of typhoid germs and numbering an average of over 25,000,000, not one bacillus was living after 22 weeks' freezing, and less than 1 per cent. after five weeks, six of the cultures having been destroyed entirely. He refers to the investigations of others showing the rapid destruction of typhoid germs by freezing, even in badly contaminated waters, and summarizes his conclusions as follows: "The danger from the use of ice produced from polluted water is always much less than the use of the water itself. Every week that the ice is stored the danger becomes less, so that at four weeks it has become as much purified from typhoid bacilli as if subjected to sand filtration. At the end of four months the danger becomes almost negligible, and at the end of six months quite so. The slight danger from freshly cut ice, as well as the natural desire not to put even sterilized frozen sewage in our water, suggests agreement with the report of Dr. Jackson, that portions of rivers greatly contaminated, such as the Hudson within three miles of Albany, should be condemned for harvesting ice for domestic purposes—such ice alone to be used where there is absolutely no contact with food."

An Unusually Severe Case of Acute Chorea Successfully Treated With Apomorphin.

The patient was an overgrown girl of fifteen years. Her menstruation was irregular. Her family history was neurotic. While at boarding school she developed chorea. This increased until she had to leave school. Finally, despite treatment, she passed into a state of acute mania, requiring constant restraint. All known treatments were tried without result, and the author was about to give up when he thought of apomorphin. One-fortieth of a grain was given hyperdermically, with the result that in three minutes the incessant movements ceased and there was muscular relaxation followed by quiet sleep. One-twentieth of a grain of apomorphin and Fowler's solution were administered thereafter every three hours. There has been no return of the chorea.—Central States Med. Monitor.

Naked Truth.

Francis Wilson tells of an encounter of wits that took place between the late Eugene Field and a New York woman.

It was at dinner, and the woman was in evening dress, which was rather décolleté. After a skirmish between the two relative to the respective merits of a well-known author, it would seem that Field came off second best.

"Oh, Mr. Field," exclaimed the woman exultantly, "you must admit that you are fairly beaten at your own game!"

Field bowed politely, and with a smile promptly rejoined: "At any rate, Miss Blank, I have one consolation; you can't laugh at me in your sleeve." —June Lippincott's.

Newer Materia Medica.

The Apostle of Purity.

Dr. C. A. Bryce resents the imputation that the independent medical journals are controlled by their advertising patronage, and in a forceful editorial in the August Number of *The Southern Clinic*, throws back the charge in the following vigorous language. He says: "Dr. Simmons, of the J. A. M. A., seems to harbor a peculiar dislike to antikamnia and its compounds, and in its write-up in his pamphlet, 'sent gratuitously far and wide, he appeals pathetically to all physicians and journalists to leave the evil thing alone. He doesn't see how any self-respecting journalist can carry the advertisement of antikamnia, nor how any physician 'with a particle of self-respect or manhood' can continue to support any such journal.

"*The Southern Clinic* carries the advertisement of antikamnia and carries a large and influential list of subscribers—men who are neither renegades, proselytes nor ringsters—men who are, to say the least, as honorable, self-respecting, and truthful as this Apostle of Purity who see-saws like a supple jack between truth and policy. We carry the antikamnia advertisement because we know from many years' experience that it will do just what we expect antikamnia to do. We know its effects, its dose, and that it is safe to administer in the doses we have proven. We have found it a valuable remedy, and as such, use it largely in a variety of diseases. We have never had any bad results from its use in large or small doses in old or young. We therefore carry it as an advertisement and prescribe it in

practice because we *know what we are doing*, and can confidently recommend it to our professional brethren. We presume they likewise, with all due respect for themselves and honesty of purpose, prescribe antikamnia and support the *Clinic* because they know that they are both good and honest productions. Moreover, as we are relying upon our own knowledge and responsibility, we prefer *our* opinion to that of the worthy Simmons."

Pharyngitis.

Patients suffering from pharyngitis should be taught to use a gargle properly. Instruct them to take from 1 to 2 teaspoonfuls of the gargle in the mouth, then throw the head well back and let the fluid gravitate downward until it is almost impossible to avoid swallowing it, then "gargle," also turn the head from side to side thus causing the fluid to flow onto the pillars of the fauces. This should be done at least 3 times at each sitting and repeated 3 to 6 times daily.

I write for

Ammonia Muriate, grains 30.

Sodium Chloride, Drachm 1

Listerine ad qs. ounces 4.

Sig 1: Put 2 teaspoonfuls in 2 table-spoons of hot water and use in gargling.

Or I use the following:

Tr. Ferri Chlor., dr. $\frac{1}{2}$

Pot. Chlorate, dr. 1

Sodium Chloride, dr. 1

Listerine ad qs., ounces 4.

Use in same manner.

I lay considerable stress on the use of the gargle as hot as possible.

Autointoxication of Hepatic Origin.

Dr. Lewis A. Conner, Prof. of Clinical Medicine, Cornell University Medical School, N. Y., in the Reference Hand-Book of the Medical Science, Vol. I, pa. 645, says:—

"We must distinguish sharply between a cessation of bilè formation (acholia) and the obstruction and the retention in the liver of the already formed bile (hypercholia)."

"The effects of the latter (hypercholia) upon the organism are well understood and depend—

1st. Upon the failure of the action of the bile as a digestive secretion, and

2nd. Upon the reabsorption of the bile into the blood through the lymph vessels of the liver. It is now generally believed that the bile salts, not the bile pigments, are the more active toxic agents."

"The group of severe nervous symptoms seen in grave disease of the liver, and known as Cholaemia, depend in all probability, however, not upon a poisoning by bile salts from hypercholia, but rather upon the serious metabolic changes caused by cessation of the bile forming function and at the same time cessation of the other functions."

"The liver seems to prevent the entrance into the systemic blood of these toxic substances which are intermediate steps between abumin and urea, i. e., Leucin, Gycocoll, the amido acids, and especially ammonium carbamide."

"Insufficiency of the liver function, then always favors the development of Auto-intoxication from the gastro-intestinal tract."

Sulpho-Lythin, which may be taken continuously when necessary without injurious or objectionable action, is an efficient remedy for deranged hepatic function, also for correcting fermentive

processes and eliminating toxic products from the intestinal tract, and hence correcting Auto-intoxication.

The dose is, a teaspoonful in a half glass of water, night and morning, always on an empty stomach to give the best results.

Put up in 2 and 8 ounce bottles ready for dispensing.

Catarrh of the Female Genital Organs.

By Justin Herold, M.D., New York City.

Catarrhal conditions of the female genital organs are characterized by a discharge. This discharge must determine whether the condition is catarrhal or whether it is due to a growth. Make or whether it is due to a growth. Make your diagnosis by exclusion with that it is a catarrhal condition and treat it likewise. Gonorrhea is in the majority of instances the cause of vaginitis. Vaginitis is treated first by douching the parts with a solution of Glyco-Thymoline, one ounce to a quart of hot water, applying strips of cotton or gauze, saturated with the solution and left in place for twelve hours, even may be repeated more frequently than twice a day. This may be alternated with other antiseptic and astringent solutions. In other and severe forms of vaginitis, douching and irrigation of the parts with Glyco-Thymoline may be practiced with advantage and after the application of stronger caustic and other remedies. If the uterine mucous membrane be the seat and origin of the discharge the parts must be dilated, strong applications made, irrigated before and after to clean out all deleterious material and to neutralize the excess of the caustic or other medicament that may be employed. For this purpose I make use of irrigations of Glyco-Thymoline, one ounce to the quart.

Typhoid Fever and Modern Treatment.

Good elimination should be maintained from every gland and emunctory, writes W. T. Marrs, of Peoria Heights, Ill. Every secretion should be aroused and made to do its best. Calomel in small doses is one of our best remedies. Salines are nearly always indicated. Abbott's saline laxative is pleasanter and better than crude salts. He has observed that if the bowels act not less than twice daily, the course and severity of the disease is modified. The old idea that in typhoid the bowels should be kept confined for a few days at a time, is now looked upon as having been an untenable theory. The more debris and toxins are eliminated, the less will the disease be compelled to oxidize by the process of fever. The more water the patient drinks, the more are poisons eliminated or diluted, thus lessening their absorption. In case of hyperpyrexia, give a colonic flushing and the high temperature usually comes down a degree or two. The sulphocarbolates (W-A Intestinal Antiseptics) should be given to neutralize remaining foci of infection? Patients treated along this line seldom require the cold bath. Tepid spongings at frequent intervals usually serve a better purpose than the bath of low temperature.—"Merck's Archives."

H-M-C and a Happy Delivery.

A few days ago I was called to see a case of obstetrics. The lady was a primipara, twenty-four years old, was anemic, dropsical, with a very bad heart. She began having pains on Sunday forenoon, and I was called Monday morning. She was having pains at intervals of five minutes, but the os did not dilate. During the day and up to

ten o'clock the pains grew stronger, were very severe, with but little dilation of os; patient almost exhausted. I gave one half-size H-M-C (Abbott) at 10 p. m. She was sleeping thirty minutes after and was delivered of a fine boy at 2 a. m. Complained some during the last three or four pains. I was delighted and so was the patient.—J. H. Hammond, Enigma, Ga.

Nasal Catarrh.

Head colds will soon be "fashionable" and not a few cases will apply for relief. A most excellent application is made as follows:

Sodium Chloride, grains 8.

Glyco Thymoline, Drachm 2

Aqua ad. qs., ounce 1.

Sig.—Make as warm as new milk and flush the nose 3 to 6 times daily by means of a douche or sniff from the palm of the hand or apply by means of a good atomizer.

Pain—This is the condition we are most often called upon in a hurry to relieve. Our therapeutic measures employed will be gauged by the cause, location, severity, etc. A hot water bag should always be accessible. Hypodermics of morphine should be used as sparingly as possible. Papine is an excellent pain-reliever that is devoid of the danger and unpleasantness of ordinary opiates. It relieves pain promptly, but does not produce narcosis, constipation, etc.—W. T. Marrs, M. D., in the Medical Herald.

Attention is called to the fact that all the salicylic acid in the Tongaline Preparations is made by the Mellier Drug Company from natural sources.

News.

HONOR TO STATE.

Dr. H. R. Lewis, Unanimously Chosen President.

At the Session Held Last September Raleigh's Distinguished Physician Was Made President of the American Public Health Association

The American Public Health Association of the Continent, representing the United States, Canada, Mexico and Cuba held its annual meeting in Atlantic City last September. It is one of the most important associations in America, embracing in its membership physicians, engineers, health officers, and scientists interested in problems looking to the health of America. It has led in the adoption of those measures that have in this decade done so much in the way of sanitation and prevention of the spread of disease, and the papers and debates in the annual meetings have been used to advance the public health in this country and Europe.

The people of North Carolina will be gratified to learn that Dr. R. H. Lewis, of Raleigh, was unanimously chosen president of that great organization. It is an honor well bestowed. North Carolina has no citizen of more varied gifts than Dr. Lewis and not one who would reflect more credit on it in high position. He not only stands among the first men of his profession in the South, but is also a speaker of grace and magnetism who in any assemblage will do honor to his profession and his State. The chief service he has rendered to North Carolina has been to secure for it the most perfect code

of Public Health laws and as Secretary of the State Board of Health to wisely direct the execution of these laws. This has been done with patriotism and tact so that the great progress has been accomplished without friction and has been of untold value to the State.

North Carolina rejoices in this high honor that has come to its distinguished health officer and physician, for it is an honor well deserved and one of which the whole State is proud.

Charlotte's New Sanitarium.

Charlotte is rapidly becoming a medical centre. She now has four well equipped hospitals and during the year one more is to be added to the number and from all indications it will be a magnificently equipped institution. The building will contain at least 50 private rooms and 30 rooms for other purposes. Drs. A. J. Crowell, W. O. Nesbit, E. R. Russell, W. D. Witherbee, E. C. Register and C. M. Strong are the physicians active in the movement. Mr. D. A. Tompkins is also actively associated with the physicians in the enterprise and has been chosen President, with Dr. Witherbee Secretary.

That Gastonia is soon to have a hospital now looks assured. Those interested in securing the necessary stock have succeeded in raising \$12,400, and a charter has been applied for. A site of two acres has been donated and as soon as the charter is received a building committee will draw plans for the hospital.

DOCTORS' DAYS NUMBERED.

London Physicians Say Public Health Officers Will Replace Them.

London, Oct. 2.—The change the practice of medicine is undergoing was the keynote of several addresses made by leading London physicians at the opening yesterday of the winter session of the medical school connected with the London hospitals.

The speakers said the day was coming when the physician in private practice would disappear, and be replaced by the public health officer, whose work would lie in the prevention, rather than the cure, of disease.

North Carolina Complimented.

It is a compliment to North Carolina and one which should be appreciated that Dr. Richard H. Lewis, Secretary of the State Board of Health, was elected President of the American Public Health Association, in the jurisdiction of which are Canada, Mexico and Cuba.

No better man could have been selected and we predict that our "Dick" Lewis will make a record as president second to none, and that he will preside over this important body with a dignity, grace and ease that cannot be surpassed. He has the capacity, and we are gratified at the coming of this opportunity to distinguish himself.

Plans have been prepared for the construction of a huge drainage canal that will split North America and make two continents of it, according to George A. Ralph, state drainage engineer. The great ditch, work on which will soon be begun, will cross the great water shed of North America, connecting

Bowstring and Round Lakes, Itasca County. Water from Bowstring flows into Hudson Bay and Round Lake drains into the Mississippi. The canal will be six feet deep and will permit navigation of small boats from Hudson Bay to New Orleans.

Another North Carolinian has been elected president of an educational institution of prominence in Virginia. Dr. Paul Barringer, who the other day was made head of the Virginia Polytechnic Institute at Blacksburg, was born in Concord, N. C., and lived for many years in Charlotte. More recently he has been filling a chair in the University of Virginia. It is truly remarkable how many Virginians are North Carolinians.

The Hygeia, Dr. J. Allison Hodge's sanatorium in Richmond, has recently been greatly enlarged and extensive improvements made in equipment and is now open for the treatment of all class of medical and nervous diseases.

Dr. Stephen L. Strickler of Boggs-town, Indiana, favorably comments on the action of Cactina Pillets as follows:

"I have used Cactina Pillets for ten years and can say they are more to be relied on than most anything in medicine that I know. They surely must be made of the drug gathered at the most favorable time of the year, because the Cactus you buy on the market is not reliable."

Cactina Pillets have been on the market for twenty years and testimony of this kind has been heaped upon it by the medical profession. It is being employed with benefit in functional, cardiac and circulatory disturbances and exhibits no cumulative action.

FEES BASED ON WEALTH.

New Schedule of Charges by French Physicians Causes Protest.

Paris, Oct. 2.—There was some agitation at Charenton and the neighboring communes to-day over what the people consider an attempt on the part of physicians to make them victims of unjust measures.

The association of physicians issued a general notification that, beginning to-day, a new schedule of honorariums would go into effect for all patients except workmen, the new tariff taking into consideration the worldly condition of the patients and also the bodily comfort of the physicians.

All classes are protesting vehemently against what they call the doctors' pretensions.

St. Luke's, Dr. Stewart McGuire's Hospital in Richmond, Va., is again open for patients.

DR. MURPHY'S SUCCESSOR.

Directors of Morganton Hospital Elect Dr. Campbell Superintendent.

At a special meeting of the Board of Directors at Morganton, N. C., Dr. John McCampbell was elected superintendent of the State Hospital for the Insane to succeed Dr. P. L. Murphy, the noted alienist. Dr. McCampbell was first assistant physician of the institution.

For Sale.

Residence, seven rooms, with fifteen acres of ground surrounding in splendid state of cultivation. Home of recently deceased physician. Splendid opportunity for young married doctor. Located in one of the best small towns of Eastern North Carolina. Address, Mrs. Lucy G. Riddick, Woodville, North Carolina.

Necrology.

The Late Dr. Murphy.

The death of Dr. Patrick Livingston Murphy, Superintendent of the State Hospital at Morganton, will be widely regretted, for he was one of the first alienists in America. Since 1882, upon the opening of the first wing of the hospital at Morganton, Dr. Murphy has been its superintendent, and his capacity and efficiency were so well recognized that he has largely directed the policy of the State in its provision for the care of the insane until ill-health prevented his leadership in the humani-

tarian work to which he had devoted his life. In the thirty-six years of his active practice of medicine, all but seven had been spent in treating diseases of the mind, and in this specialty to which he consecrated his life Dr. Murphy won a place for himself among the most eminent alienists in the country and for the institution over which he presided a position second to none. In 1879 he became assistant physician in the Staunton (Va.) Hospital for the Insane and as soon as the Morganton Hospital was ready for partial occupancy, he went there as superintendent.

That magnificent institution, of which he has been the head, has largely since the construction of the original building, been planed and shaped by him, and its admirable arrangement, and enlargement from time to time was chiefly his planning, and carried out by him in person. In addition to his skill in the treatment of the insane, and his tact and judgment in dealing with them, Dr. Murphy was a man of affairs and was esteemed by his various boards as a man of fine executive ability. He loved to plan and to build and to see things grow about him. He had large ideas and impressed them upon his associates. Originally conceived on a magnificent scale by the trustees who planned the first building, the institution expanded under Dr. Murphy's superintendency upon the broadest lines and he lived to see it perfectly equipped and made the equal of any like institution in the country. During the quarter of a century he had been at Morganton more than four thousand people suffering from diseases of the mind had been received into the hospital, and he and his associate physicians had so treated them that a large percentage were restored to health and strength, and they always held him in grateful esteem as a man and as a physician. While many friends and members of his profession will learn with regret of the death of Dr. Murphy those who will deplore it most, outside his immediate family, will be those who have been patients in the hospital under his care.

Patrick Livingston Murphy was born in Sampson County, October 23rd, 1848. His grst ancestor in North Carolina was Patrick Murphy, who immigrated from Scotland and sailed to Wilmington. His father was Patrick Murphy and his mother before marriage was Miss Eliza A. Faison, a member of the large and influential family in

Sampson County. He grew up on the farm and was sent to Bingham School, after which he taught school at Oaks and at Mebane in 1864 and 1865. When Stoneman dashed through the mountains and made his raid from Greensboro to Salisbury the cadet corps was ordered to the field to meet him, and young Murphy thus saw his only military service. When the war closed he was sent to college at the University of Virginia and afterwards graduated in medicine at the University of Maryland. He began the practice of medicine in his native county and then moved to Wilmington. In October, 1878, Dr. Murphy was married to Miss Bettie W. Bumgardner of Virginia, a lady of rare charm and worth, who survives her husband. In 1878 he was elected assistant physician in the Virginia Hospital at Staunton, where he remained until he was elected Superintendent of the Morganton Hospital in 1882. He had served as member of the Board of Medical Examiners of North Carolina, one of the Board of Directors of the North Carolina School for the Deaf and Dumb, had been President of the North Carolina Medical Society and an officer in the American Medico-Psychological Association. He was a Presbyterian in religion, holding the old time Scotch Presbyterian faith.

Death of Dr. I. W. Herron.

AGED PHYSICIAN OF MECKLENBURG
PASSES AWAY.—A PRACTITIONER
FOR MORE THAN A HALF
CENTURY.

Dr. I. W. Herron, one of the oldest and best beloved physicians of Mecklenburg County, died at his home in Steele Creek township after a long and tedious illness. He was 75 years of

age and is survived by his widow and four children. These are Dr. A. M. Herron, of Charlotte; Mrs. Price Neely, of Fincastle, Va.; Mrs. Walter McEacheon, of Laurinburg, and Miss Ola Herron, of the county.

Dr. Herron was born in Steel Creek township in the early 30's. He secured a first-rate education and at the age of 23 commenced the practice of medicine. For 52 years he ministered to the sick and needy of the county and did untold good in numberless ways. He was a doctor of the old school, careful and patient and always attentive to the needs of his patients. Unassuming in manner, even-tempered and kind, he made friends easily. He was beloved by a wide circle of acquaintances. No call ever came to him which he disregarded. He esteemed his profession as a sacred calling and never hesitated to go where he thought that duty called. His presence will be missed.

Joseph Graham.

Dr. Joseph Graham died at the residence of his son, Dr. W. A. Graham, at 2 A. M., August 13th, after a trying illness.

Dr. Graham was the eldest child of Gov. Wm. A. Graham and a grandson of the famous Maj. Joseph Graham of revolutionary fame. His mother was Miss Susannah Sarah Washington, of the distinguished Washington family of Eastern North Carolina. He was the eldest of a family of eleven children. Those surviving him are John W. Graham, of Hillsboro; William A. Graham, of Lincoln County; Dr. George W. Graham, of Charlotte; James A. Graham and Augustus W. Graham, of Oxford, and Mrs. Walter Clarke, of Raleigh.

Dr. Graham was born in Newbern on the 13th of April, 1837, and was in his

seventy-first year. His college days were spent at the University of North Carolina, where he entered in 1853, graduating four years later. As a student he was industrious and thorough. He ranked with the brilliant young men of that great institution. Up to the day of his death he was very loyal to and very proud of his alma mater. His medical course was begun in Hillsboro, under Dr. Strudwick, a leading practitioner of the State at that time. Having completed his work there he went to Philadelphia and continued his studies under the most prominent teachers of the day. His preparation was thorough and full. As a medical student he slighted nothing.

On the 26th day of October, 1859, Dr. Graham married Miss Elizabeth Hill, a daughter of Mr. Thomas Blount Hill, of Hillsboro. From this union there were five children, two of whom died in early life, and one of whom, Mrs. Elizabeth McLean, wife of Mr. Joseph McLean, died after reaching maturity. Those living are: Dr. William A. Graham, of this city, and Mrs. George Fitzsimmons, of Brooklyn, N. Y. Mrs. Graham survives her husband.

In his domestic life Dr. Graham was an ideal man, being very fond of his family and devoted to his home. Although his large practice required almost every moment of his time, he always found an hour for those of his household. His private life was without reproach. It was correct in every particular.

Dr. Graham was a good citizen. He had the spirit of freedom in his bosom and never failed to express his opinion when he felt that it was his duty to do so. He was broad and liberal in his views and despised anything small or any form of tyranny. The world was

made for him to live, move and think in without being oppressed by laws or men. He was a law abiding citizen always but too much law aroused his Scotch-Irish blood.

Up to the day of his death he was ready to defend with his tongue, his pen or his gun, if necessary, his rights as a free and independent citizen. The fire of his forefathers burned within him. In dealing with people he was manly, honest and kindly.

Dr. Graham had held the most exalted position in the gift of the State Medical Society, having been on the Medical Examining Board and also president of the State Society.

In his death hundreds of Charlotte families have lost a dear friend, the State a good citizen and his family a devoted husband and father. He virtually died in harness. He was a man of great usefulness.

Book Reviews.

FIVE HUNDRED SURGICAL SUGGESTIONS—Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, B. S., M. D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, American Journal of Surgery, and Eli Moschcowitz, A. B., M. D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Associate Editor, American Journal of Surgery. Second Series. Duodecimo; 125 pages. New York; Surgery Publishing Co., 92 William St., 1907. Price, \$1.00.

It is not surprising that the first edition of "Surgical Suggestions" was quickly exhausted. The attractive little volume was most favorably received by reviewers, and its contents—the snappy, practical "suggestions"—have been reprinted again and again by medical journals all over the country.

In this second series all the surgical suggestions of the first issue have been incorporated, and as many more, making a total of five hundred terse, useful "therapeutic hints and diagnostic wrinkles." Several new topics have been thus introduced and the old ones much expanded. An index is provided. The

paragraphs, as before, have all been suggested by the authors' own observations. Many of them are bits of wisdom that are not to be found in the text-books. We do not believe that even an experienced surgeon will fail to find among these five hundred suggestions some hints that will repay him many fold for the leisure hour spent in reading this small manual. And to those who have not enjoyed many years of active surgical work, five hundred practical, epigrammatic surgical dicta will surely prove immensely helpful. The internist is concerned in the diagnosis of surgical and bordering affections, and to him, also, we commend the many diagnostic hints between the covers of this little book.

As before, the publication has been prepared in a manner worthy of its unique contents. It is a pocket manual de luxe!—printed in attractive Cheltenham type, on antique India tint paper, with marginal headings, and subheads in contrasting ink, and with an artistic binding of heavy cloth, gold-lettered.

We warmly commend this book. Those wearied by searching for information through ponderous text-books and lengthy articles will find actual re-

freshment in Surgical Suggestions, everyone of the 500 paragraphs of which is a separate and useful bit of practical knowledge.

The September Annuals of Surgery is a special number devoted to the Surgery of the Vascular System, nine of the fifteen original articles being devoted to this branch of surgery, which up to the last few years has been sadly neglected. The present stimulus to the surgery of the blood vessels is made possible by the improvements in technique and the direct transfusion of blood. The articles present the latest phase of this development.

THIRD ANNUAL REPORT of the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis. February 1, 1905, to February 1, 1906. An account of the work of the third year, a continuation of the report on the Maraglinio Serum Treatment, a statistical study of the influence of the Henry Phipps Institute on the death-rate from Tuberculosis in Philadelphia, and a report of some of the scientific work done by members of the staff of the Institute during the year. Edited by Joseph Walsh, A. M., M. D. Published by the Henry Phipps Institute, 238 Pine St., Philadelphia.

A MANUAL OF HYGIENE AND SANITATION—By Seneca Egbert, A. M., M. D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia; Member of the Academy of Natural Sciences of Philadelphia; Member of the American Medical Association, etc., etc. Fourth Edition, Enlarged and Thoroughly Revised. Illustrated with 93 En-

gravings. Lea Brothers & Co., Philadelphia and New York.

The fourth edition of this well-known work comes enlarged and thoroughly revised and presents the latest developments in Hygiene and Sanitation. The twenty new pages added cover; the theory of opsonins in its relation to immunity; the latest regulations of the U. S. Government in reference to quarantine and disinfection; and notes on improved methods of disposal of sewage.

It is pleasant to note, as stated by the author that the vital statistics as compiled by the government, show that the health conditions of this country have shown marked improvement under the application of modern hygienic principles—even though these principles are imperfectly applied.

A book like this should be in the hands of every practitioner of medicine and many of the laity and we heartily commend it to both.

INTERNATIONAL CLINICS, a Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners by leading members of the Medical Profession throughout the world. Edited by W. T. Longcope, M. D., Philadelphia, U. S. A., with the collaboration of Wm. Osler, M. D., Oxford; John H. Musser, M. D., Philadelphia; A. McPhedran, M. D., Toronto; Frank Billings, M. D., Chicago; Chas. H. Mayo, M. D., Rochester; Thos. H. Rotch, M. D., Boston; John G. Clark, M. D., Philadelphia; James J. Walsh,

M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, M. D., London; Richard Kretz, M. D., Vienna, with regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels, and Carlsbad. Volume III. Seventeenth Series, 1907. Philadelphia and London. J. B. Lippincott Company.

The International Clinics are too well known to require any extended review. The third volume of the seventeenth series has been received and is up to the usual high standard maintained by this excellent quarterly. With the present mass of literature it is impossible for any busy practitioner to keep abreast of the various new ideas that are advanced unless he takes some periodical in which the literature is reviewed. We know of no periodical which more nearly fills this want than the International Clinics.

A TEXT-BOOK OF PHYSIOLOGICAL CHEMISTRY—For Students of Medicine and Physicians. By Charles E. Simon, M. D., Professor of Clinical Pathology in the Baltimore Medical College. New (3d) edition. In one octavo volume of 490 pages. Cloth, \$3.25, net. Lea Brothers & Co., Philadelphia and New York, 1907.

This the third and thoroughly revised edition of a work which has a high and well-deserved standing in all schools and laboratories of this country. Professor Simon wisely cuts out theoretical discussion and states in a clear and unmistakable way that which is established and which the student and laboratory worker should have set before him. Physiological Chemistry is not too well understood by the general run of the medical profession and many of us would be more intelligent on the transformation of food-stuffs in the hu-

man economy if we would take a few hours off and read a book of this class. This work and its author are too well-known to need any special commendation or lengthy review on our part. The publishers have done their part in the best manner as is their usual way.

PRACTICAL FEVER NURSING — By Edward C. Register, M. D., Professor of the Practice of Medicine in the North Carolina Medical College. Octavo volume of 352 pages, illustrated. Philadelphia and London; W. B. Saunders Company, 1907. Cloth, \$2.50 net.

It is with pleasure that we receive this cleverly conceived volume from the pen of Dr. Register. It is strange that a book of this type had not been written years before. Practical fever nursing is a matter of large import to the physician, the nurse and the patient; the physician must know what is proper fever nursing in order to intelligently direct the nurse; the nurse on the other hand must have similar knowledge in order to execute the physician's orders. That many fever cases are very improperly nursed is known to all observant physicians.

Register maintains and we think very correctly too, that every nurse should have an intelligent idea of the symptoms, pathology and treatment of fevers and has in a very clear and non-technical way covered these points in his book. Having an extensive clinical experience in handling fevers, the author has a practical basis on which to elaborate the subject in hand; that such is the case one has but to read the book to see; in short, it is a thoroughly practical treatise. We would especially commend the section on typhoid fever. This work is destined to a large sale and should be on the "text-book" list of

every nurses' training school, every practicing nurse should have a copy and it should be largely read by the medical profession. We feel a local pride in this work and congratulate the author on its make-up. The illustrations and general execution are very satisfactory; it is a neat and tasteful volume.

DISEASES OF THE RECTUM—Their Consequences and Non-Surgical Treatment. W. C. Brinkerhoff, M. D., Author, Steinway Hall, Chicago, Ill. Price \$2.00. Published by Orban Publishing Co., (not incorporated) 17-21 E. Van Buren St., Chicago, 1907.

The August number of the *Annals of Surgery* is devoted to general surgery. There are sixteen original articles on a wide variety of subjects, Fractures and Genito-Urinary Surgery coming in for the larger number of articles. W. J. H. Gibbon has a valuable article on Post-Operation Treatment, which will be found abstracted elsewhere in this magazine.

MAKING TRUE DIAMONDS.

Nature's Processes Duplicated on a Small Scale in the Laboratory.

The production of artificial diamonds has long been a dream of the experimenter. The conditions under which diamonds are produced in nature are pretty well understood; and on a small scale they have for some time been duplicated in the laboratory, and even—though here quite unwittingly—in the workshop. Nothing more is necessary than to reduce carbon—a bit of coal or graphite or lampblack—to a liquid condition, combine it with a solvent, and maintain it under great pressure until it cools, when crystals of

the pure carbon will form just as do crystals of quartz or sugar or salt under like conditions—and these crystals of carbon constitute true diamonds. But the difficulty lies in the extreme reluctance with which carbon assumes the liquid state. Under pressure, to be sure, it will liquefy; but the pressure required is about fifteen tons to the square inch. In the depths of the earth, such a pressure may be applied by the weight of geological strata; but how may it be attained in the laboratory?

A most ingenious answer to this question was found by Prof. Henri Moissan, of Paris. It is based on the well-known fact that the metal iron has the property—which it shares with a few other substances, including water—of expanding instead of contracting as it passes from the liquid to the solid state; combined with the further fact that liquid iron absorbs or dissolves carbon, much as water does sugar, in increasing quantity with increasing temperature. Moissan fills an iron receptacle with pure iron and pure carbon obtained by calcining sugar, closes it tightly, and rapidly heats it to the highest temperature attainable in an electric furnace, bringing it to a degree of heat at which the lime furnace begins to melt, and the iron volatilizes in clouds.

The dazzling fiery receptacle is then lifted out and plunged instantly into cold water, until its outer surface is cooled and hardened, thus forming a shell of iron that holds the interior contents with an inflexible grip. As this molten interior matter cools, the carbon separates from the iron solvent in liquid drops, and under the almost unimaginable pressure of expansion of the solidifying iron, these liquid drops become solid crystals of diamond.—The "Miracle Workers" in the *October Everybody's*.

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Surgical Suggestions.

A condition of euphoria is often seen in serious cases of peritonitis and should not be taken as a sign of beginning recovery.

In many cases of shock, a venous infusion will more often save life than dallying with stimulants which merely, in the end, serve to tire out the heart.

An easy way to straighten out a probe that has been much bent and twisted is to roll it under the foot on an even floor.

A neuralgic pain in the region of the ear, should suggest a careful examination of the teeth for a possible caries or alveolar abscess.

Placing the skin sutures in the scalp obliquely will often control hemorrhage from a wound as well as will ligating separate vessels.

One should inquire carefully for the history of the application of carbolic acid to a wound, especially of the finger or toe, when a gangrene with a distinct line of demarkation has developed.

If a patient presents himself with a painless cellulitis of the finger or hand, it is necessary to make a careful examination for the possible presence of syringomyelia.

An exquisitely tender swelling situated just above the sterno-clavicular articulation may be due to the per-

foration of the esophagus by a foreign body. If there are evidence of acute laryngitis, with edema of the arytenoid cartilages, the cause may be a perichondritis of one of the tracheal rings or the cricoid cartilage.

Sudden, marked rise of temperature a few days after an operation for appendicitis, especially if attended by chills, may mean thrombosis of the portal vein or multiple abscesses of the liver.—American Journal of Surgery.

Hot bricks or stones retain their heat much longer than hot water.

Three or four drops of peroxid of hydrogen in the ear followed five minutes later by thorough syringing with boric acid solution, will readily remove any impacted cerumen.

The injection into a ganglion of the wrist of phenol-camphor, two to ten minims, according to the size, and repeated once or twice if necessary, will cause its complete disappearance in most cases. No attempt at preliminary aspiration need be made.

Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.



The Key

to the only sane medical treatment of all those forms of dyspepsia associated with a deficient gastric juice and an enfeebled gastro-intestinal musculature, is found in such remedies as tend, by their stimulative action on the digestive glands and muscles, to re-establish their normal physiological activity.

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Small stab wounds (one-half cm' long) in the course of a developing cellulitis of an arm or leg, followed by the application of a Martin bandage above for five to eight hours a day (Bier treatment), will relieve the patient more quickly than large incisions with drainage.

When there is a perforating wound of the cornea, necessitating eucleation of the eye, the wound should be closed so that the eyeball does not collapse during the operation.

A styne is often most easily treated by the removal of the hair in the infected follicle and the subsequent ap-

plication of iced boracic acid compresses.

An opaque growth on the eyeball in a child is likely to be a dermoid growth—that is a growth of skin epithelium on the conjunctiva.

Persistent suppuration in a mastoid wound in most cases, means dead bone at the bottom of the cavity.

Syphilitic interstitial orchitis resembles closely in appearance new growth of the testicle. Unless the diagnosis of neoplasm is beyond all doubt, an active course of specific treatment should be tried before removing the organ.—American Journal of Surgery.

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WHENEVER ETHER OR CHLOROFORM IS PREFERRED the preliminary use of one or two H-M-C tablets will enable the anesthetist to maintain profound anesthesia with about ONE-EIGHTH THE USUAL AMOUNT OF ANESTHETIC; moreover there will be no Ether or Chloroform Sequelae—no Nausea or Vomiting and little or no Shock.

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Selections from Our Exchanges.

The Criminal Abortionist and the Press.

Through the efforts of the Medical Society of the County of New York the advertisements of criminal abortionists have been excluded from practically all of the New York daily papers. Other medical societies in the larger cities have become active in the same line of endeavor with more or less success. Philadelphia and Baltimore have met with a fair measure of success; Boston has failed utterly in its battle against this disgrace. The Chicago Medical Society has appointed a Committee on Criminal Abortion which reports that its work had been principally in the direction of securing the removal of advertisements of abortionists from the daily press. In this the committee has been remarkably successful, having brought about a condition which never obtained before; it has succeeded in the removal of all criminal medical advertising from the Chicago newspapers. Three of the leading newspapers consented to this line of action after a presentation of the facts by the committee. The others complied only after being notified by the postal authorities that they must comply or have their papers excluded from the mail, the committee having furnished the government with proof that the advertisers were willing to perform abortions. This committee also rendered valuable service in the prosecution of criminal operators with the result that at least two have been sent to Joliet, others have left the city, some are being prosecuted, and the others and the newspapers are being watched. The work of this com-

mittee shows what can be accomplished by fearless, honest men, who are working for the good of a community in which 50,000 criminal abortions are done every year.—N. Y. State Jour. Med.

News of the War on Tuberculosis.

Under this heading the *Journal of the Outdoor Life* for January, 1907, tells us that the Minnesota State Board of Health has sown broadcast a series of circulars relating to tuberculosis which promise to do a world of good. There are six circulars in the series.

The first is addressed to physicians. It urges the importance of keeping a careful record of all recognized or suspicious tuberculous cases both for the benefit of the physician and the aid of the sanitary authorities in the control of the disease. The use of the laboratory of the State Board of Health as an aid to diagnosis is also urged. The physicians are advised most earnestly to use every possible opportunity to impress upon the public the curability of the disease, and the absence of danger to others if it is properly cared for. The importance of establishing sanatoriums for the care of early cases, and hospitals for the care of advanced cases, is dwelt upon at length, and the importance of the organization and work of antituberculous societies is emphasized.

Circular number two is addressed to the patient, whose aid in the suppression of tuberculous in Minnesota is sought. This circular sets forth the causes of consumption, and the channels through which it is contracted. The



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circular states that a well person may safely live with a consumptive if the sputum of the consumptive is properly destroyed by burning and other precautions taken, and minute instructions are given as to the use of sputum cups and receptacles. Patients are told they should wash their hands frequently with soap and water, and if they have anything to do with the cooking and preparation of food they should take especial care to keep their hands clean. Men with consumption are urged in this circular not to wear beards or mustaches. Patients are told to sleep alone, and, if possible, in a separate room, which should always have an abundance of fresh air. Windows should be open day and night, and their soiled, washable clothing and bed linen should be handled as little as possible when dry and should be placed in water until ready for washing.

The general rule is laid down that the three essentials for the treatment of tuberculosis are fresh air, rest, and proper food. The following table of rules is included in the circular:

Don't spend your money for so-called consumption cures.

You can be cured if you begin the treatment of your disease early enough.

If you are a consumptive the cure is largely in your own hands. Be governed by the following suggestions:

Don't live in rooms where there is no fresh air.

Don't work in rooms where there is no fresh air.

Don't sleep in rooms where there is no fresh air.

Stay out-of-doors all you can.

Don't be afraid of cold air.

Remember that sunshine kills the germs of consumption.

Go to bed early. Sleep at least eight hours.

If you have to work, rest all you can while at home.

Don't worry. Worrying is not resting.

Eat all the good, plain, nourishing food that you can.

Raw eggs and milk are important articles of diet.

Drink plenty of pure water.

Don't drink beer, whisky, or other alcoholics.

Your most important duty is to get well. Let all other duties be secondary to this.—*Ther. Gazette.*

Chloretone and Its Uses, Especially in Chorea.

Wynter writes under this title in the *Lancet* of March 30, 1907. He states that on account of its local anesthetic effect he was prompted to employ this drug in painful and irritable conditions of the stomach, such as gastritis, cancer, gastrodynia, ulcer, and especially in those cases of pain, vomiting, and hematemesis so frequently associated with chlorosis, and scarcely yet completely removed from the category of gastric ulcer, with which they are by no means identical. In doses of five grains or more in petroleum emulsion it has a remarkably soothing effect both on pain and vomiting, and exercises a deterring influence on fermentation, resembling in this carbolic acid. It was while using chloretone for this purpose that its hypnotic effect became apparent, and the author has since employed it in ten-grain doses simply to procure sleep, though the state of quietude induced by the smaller doses is itself a very great alleviation of painful and protracted illness, such as the gastric conditions to which reference has just been made.

The local anesthetic effects have been found of value in vaginal pruritus as

exercised by a 0.4 per cent. solution in warm water, or by five-grain suppositories in hemorrhoids. The sedative effect on the brain, similar to that of the bromides, but more rapidly induced, associated as it is with a similar effect on the stomach, led to its early employment for seasickness, and it is in connection with this distressing malady that its reputation has chiefly been established. Five grains in powder taken a quarter of an hour before embarking will generally insure complete immunity from sickness during the Channel passage, even in rough weather, and the drug does not appear to lose its efficacy by repetition, as is the case with some others. A young French lady, who was invariably ill during the crossing to Dieppe, since being fortified with chloretone has only once suffered, and that in a way which suggests a useful hint in prescribing. Having performed the outward journey *tute, cito et jucunde* under the influence of one of the five-grain powders, of which she was provided with four, the other three were carefully deposited in a purse against her return after the summer holiday. Then accompanied by a friend, to whom she promised immunity from the discomforts of the sea on the strength of this new remedy, she confidently embarked and proceeded to share the remaining doses. One paper after another was opened, but all were empty. In the hot weather the chloretone had evaporated and vanished, leaving nothing behind but disappointment and the prospect of a miserable voyage, which was amply verified in both cases. As negative evidence this was distinctive testimony to the value of the drug, and has been subsequently remedied by enclosing it in impervious wrappers such as paraffin paper.

When taken at intervals in similar

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of every garment sold at this store. **Moderate Price** is another, and by no means the least important feature of our success, but **Quality and Style** are never sacrificed to price. It is the perfect combination of these three great elements that has made our clothing for men and young men famous, and built up this business to its present large proportions.

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doses longer voyages have been undertaken without discomfort such, for instance, as that across the Atlantic. The drug was taken about twenty minutes before meals two or three times a day during rough weather, and the journey was completed without a qualm. A more general knowledge of this remedy will certainly save a large amount of discomfort, and in those who suffer continuously will enable journeys to be undertaken which were formerly dangerous or actually impossible.

The author has dwelt upon these effects of chloretone as they have led up to its employment in another class of cases for which we have hitherto possessed no effectual remedy. He refers to chorea. During the past twelve months the opportunity has occurred of exhibiting the drug in some 14 cases, and the result has been so striking and uniform that though the number is

small it is worth making known that those who have wider opportunities may further test its reliability. In these cases, both boys and girls between the ages of seven and twelve years, five grains of chloretone in half an ounce of petroleum emulsion was given three times a day for two and sometimes three days; there was in all of them such a marked diminution of the choreic movements that the dose was then halved and sometimes given only twice and even once a day, according to the severity and progress of the case. The number of days in which the drug was continued varied from five to ten, by which time it was omitted, and either steel wine with arsenic or cod-liver oil was substituted to meet the anemia and feebleness which usually accompanied the disease. Under this treatment the duration of choreic movements was limited to nine days, and the stay in

hospital to three weeks on an average. This is a great advance in the treatment of chorea, which even with the advantage of hospital regime usually extended to double and triple that time. These advantages consist of rest in bed, with isolation and liberal dietary. When convalescing the patients were encouraged to knit or crochet, or to use the hands in some such manner, so as to practice purposive movements and also as a test of steadiness.

Many patients on admission were unable to feed themselves, experienced considerable difficulty in speech, and in some cases needed padding in their cots to prevent bruising in their uncontrolled movements. It was found that those cases which came under treatment early benefited most. Of the 14 which took chloretone, two were removed from the hospital before they were quite recovered on account of contracting rotheln, and two others resisted the treatment for a longer time—a girl aged ten years, who had suffered from chorea for three years with short remissions, and another girl aged seven years, who after four months' chorea before admission appeared rather to be cured by the relief of constipation, which had been a marked feature, this being effected in twenty-one days.

With any comparatively new drug exerting marked beneficial effects the question always arises as to drawbacks, and in the present instance there are some, though not of serious account. Two of the cases exhibited exfoliation of the skin on the hands and heels which gave rise to a suspicion of scarlet fever—one after ten days in hospital without fever or rash, and the other shortly after removal on account of rotheln, of which there had been an outbreak in the hospital. The other 12 cases did not show this, and the re-

tention of one such case in the hospital and subsequent removal to the convalescent home did not lead to communication of scarlet fever to any one else, so this exfoliation of the skin may be regarded as an occasional effect of the drug.

In two of the earlier cases treated, possibly owing to the physiological effect of chloretone being carried rather too far, there was marked somnolence, the child lying in any attitude in which he was placed and rousing only to take food. This passed off in a few hours on discontinuing the drug.

As regards the permanency of the cure further experience is required; one of the cases cited was readmitted in about three months with a relapse, and on the other hand another was successfully treated which had relapsed after treatment by arsenic. Like the treatment of rheumatism by salicylates, the effect of the specific drug requires to be followed by a tonic regime in most cases, since the little patients are usually anemic and feeble in addition to suffering from the spasmodic movements. Where endocarditis coexists salicylates can be combined with the chloretone or may be applied to the skin instead, but for the chorea itself chloretone appears to be as much a specific as the salicylates have come to be regarded in rheumatism. — *Therapeutic Gazette*.

Carbolic Acid.

Watkins says in the *Electric Medical Journal* for May, 1907, that carbolic acid, not being the exclusive product of any chemical manufactory, nor a specialty of a proprietary firm, has not received the extravagant praises for its virtues that are conferred upon many antiseptics far inferior in effectiveness.

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Carbolic acid does not form a perfect solution with water; but this objection can be overcome by first combining the acid with glycerin, when the solution with water will be perfectly clear and transparent. The author frequently uses carbolic in the treatment of carbuncles, proceeding as follows: If the skin is not broken, an incision is made over the apex of the swelling. Peroxide is then applied until it no longer foams; now one end of a wooden toothpick is wrapped with a small portion of absorbent cotton, and, after dipping in undiluted c. p. carbolic acid, is thoroughly brought in contact with the interior of the carbuncle all around. A dressing is then put on and held in place with strips of adhesive plaster. The relief from pain following this treatment is remarkable, and there is scarcely any pain attending its application. The procedure should be repeated daily until recovery. After the first

time the patient is quite willing, even anxious, for a repetition, because of the relief afforded.

This writer has found carbolic acid, full strength, applied to minor burns an excellent remedy for the relief of pain. The acid is brushed on lightly, and turns the surface a grayish-white, but gives ease at once. This should be followed by a dressing of oil or vaselin, and healing will occur without a scar. A mixture of carbolic acid one ounce and linseed oil one pint is always on hand in his office for application to the many "heats" which happen to the workmen in a machine shop near-by. In the more severe burns the grime and dirt are first removed from the burnt area and round about with coal oil or gasoline, and then the pure acid applied as above indicated. He has as yet seen no constitutional poisoning from absorption when using carbolic acid in this manner.—Ther. Gazette.

Treatment of Scarlet Fever.

In the *Archives of Pediatrics* for January, 1907, Polozker tells us that in some epidemics no matter what is done, nor how long the child is kept in bed and on a fluid diet and kept from all exposure, it will get nephritis. The renal inflammation is supposed to be due to some toxin of this disease circulating in the body; this in passing produces an irritative inflammation of the kidneys. For that reason the child should be made to pass very much diluted urine with lots of water, which will aid the kidneys, and in that way prevent inflammation. Warm baths, packs, rubbing, keeping the patient warm, sweating, making the skin active, should be employed to lessen the work of the kidneys. Often the hot bath should be followed by the pack.

A bath, the temperature at 102 or 103 degrees F., or even higher, raising the temperature gradually for half an hour or longer, is good; and then the child should be wrapped in a hot and wet linen sheet, covered with blankets, and put in a warm bed, a cold cloth being applied to the head and kept there all the time. Then the child should be dried and rubbed well and a warm nightgown put on. Hot air or steam baths, and baking apparatus, the same as are used in rheumatism, are also advantageously used to produce diaphoresis. The diuretics usually do no good. Infusion of digitalis is about the best. Potassium acetate and calomel are also used, but the results are not encouraging of any kind are just as good. Good ing in nephritis. Water or other fluids daily excretions of urine and sweating are aimed at to prevent uremia.

When uprenia does come with convulsions, free inhalation of chloroform, hot baths, chloral, and bloodletting

should be used; dropsical effusions should be left alone.

Bronchopneumonic complications are treated as in other cases. For joint swellings, immobilizing, quiet, warmth, sodium salicylate or sodium bicarbonate, oil of wintergreen, etc., are used as necessary.

To sum up, the writer would ask for:

First, the more thorough isolation of the patient.

Second, isolation for a while of other members of the family that come in contact with the patient, especially children.

Third, more care by the physicians and those who wait upon patients.

Fourth, a more thorough disinfection of premises after discharging a patient with scarlet fever.

Fifth, early diagnosis and more careful watching by the physician in mild cases of scarlet fever.

Sixth, the use of antistreptococcus serum in all cases showing any tendency to be severe, or accompanied by any complications, especially angina.

Seventh, the removal of hypertrophied or diseased tonsils and adenoids in children.

Eighth, the frequent examination of urine in scarlatinal cases.

Ninth, the continued care of the patient until all the desquamation is over and all complications are well; especially so with otitis.

Tenth, refusal of permission to go to school for the longest time possible consistent with education.

Eleventh, the refusal of surgical and obstetrical cases by the physician attending many cases of exanthemata. The time will come when the exanthemata will be treated by a specialist only, a man that will confine himself to these cases.

Twelfth, constant efforts to enlighten

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the laity upon the dreadful results of this disease and its complications, and for more rigid health laws.—*Ther. Gazette.*

Sulphate of Spartein in Surgical Practice.

By Stuart McGuire, M. D., Surgeon in Charge St. Luke's Hospital, Richmond, Va.

Like most surgeons, I devote little time to the study of the therapeutic action of drugs. Patients who are referred to me have usually exhausted the resources of materia medica, and in my practice I rarely have occasion to employ medicinal agents other than the well known anaesthetics, antiseptics, purgatives and tonics. I believe, however, I have accidentally discovered in Sulphate of Spartein a valuable remedy for the prevention and treatment of post-operative suppression of urine.

I do not know whether my experience coincides with that of other surgeons, but it is a fact that in the last five years I have lost more cases from post-operative suppression of urine than from all other causes combined, and this despite the almost routine use of chloroform as an anaesthetic.

The cases have usually been those with pre-existing nephritis from sepsis or cholemia. Shock has not apparently been a factor, as the condition would not develop for twenty-four or thirty-six hours. A patient operated on for retention of urine, or for jaundice due to obstruction of the common duct, would do well for one or two days and just as he was thought to be out of danger there would come the news that he was passing no urine. He would become restless, then listless, would develop a stupor which would rapidly deepen into coma, and would die with all the symptoms characteristic of ure-

mia. In the treatment of this condition I tried water by mouth, under the skin and in the rectum; hot packs and vapor baths; cups and counter irritants; strychnia, digitalis and nitro-glycerine; calomel and saline purgatives; and in one case stripping the kidney capsules, with uniformly bad results.

Two years ago I began empirically the use of sulphate of spartein and I now have the record of six cases in which I am sure the drug was the means of saving the patient's life.

I will not occupy the time of the Association by reading a dissertation on spartein which I would, of course, have to copy from a text-book. Its therapeutic effect is to increase the blood pressure, make the pulse slower and stronger, and act as a powerful diuretic. Its action is manifest in 30 minutes after administration and lasts for four or six hours.

I believe the reason why the value of sulphate of spartein is not more widely recognized is because authorities advise its use in doses so small as to be worthless. To get results it must be given hypodermically in from one to two grains, repeated every three to six hours. When so employed I have repeatedly seen it pull up a runaway heart and set in motion a pair of stalled kidneys. Its use should not be delayed until suppression of urine is already in existence, but it should be prescribed as a prophylactic as well as a curative agent.

I do not mean to claim it is a specific, or that it should be employed to the exclusion of other measures, such as purgatives, transfusions, and hot packs. I do believe, however, from actual experience that it is preferable to the drugs of the digitalis type in rapidity of action, ease of administration, and what is more important—efficiency of results.—*Va. Med. Semi-Monthly.*

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If it were learned that the quarantine

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physician sweeps the debris of his smallpox wards out upon the lawn, we would have a portentous scandal, though the quarantine hospital is remote from any center of population, the people of Maryland are well immunized by vaccination, and smallpox is very uncommon. Typhoid fever is so common that a majority, probably, of the population above the age of 35 years have been attacked, but it is not apparently scandalous for a physician to permit the disposal of typhoid excreta, without disinfection, and in any way that may seem most convenient to careless or ignorant attendants.

In many large cities sanitary works of great proportions, and enormous cost, are undertaken for the exclusion of water-borne diseases, and the typhoid rate is the index of their efficiency. Intelligent people believe that these expensive works are necessary for the prevention of typhoid fever. But the fight against typhoid requires no elaborate or costly preparation. It can be won easily and conclusively at the bedside. The physicians of Maryland can in four years make cases of typhoid fever so scarce that students in Baltimore medical schools would be obliged to go to other cities, as Munich students do, for the sake of studying typhoid fever.—*Maryland Med. Jour.*

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The Communicability of Cancer.

There exists much difference of opinion as to whether cancer can be directly communicated from one individual to another. The subject has been repeatedly referred to in this journal, and some time ago Professor A. Lapthorn Smith, of Montreal, adduced some strong evidence in favor of the contagiousness of cancer. It is therefore of interest to refer to the views of so eminent an authority as H. T. Butlin, presented in his address on the contagion of cancer in human beings, before the British Medical Association (*British Medical Journal*, August 3, 1907). In his very painstaking investigations Mr. Butlin has been able to find a sufficient number of positive cases of autoinoculation to lead him to affirm its possibility. If, therefore, cancer is inoculable in the same individual, it follows that it is communicable from one human being to another. This, however, must be exceedingly rare, in view of the extremely small number of autoinoculations which have been found by Mr. Butlin. In his opinion, coition is most likely to place either the male or female in danger of contracting cancer, but even such instances, fulfilling the essential conditions, are comparatively unknown. The conclusion to be drawn, therefore, from Mr. Butlin's researches is that while cancer is communicable, there is but little risk of its being transmitted from one person to another.—*Int. Jour. Surg.*

Only recently a few clinicians have rather sharply censured the practitioners who make diagnosis of kidney disease from the chemical and microscopical examination of the urine. One must always take into consideration the

history and attending symptoms before pronouncing a final verdict.

We can do no better than to repeat the words of Bence-Jones (*Med. Times and Gazette*, 1853-).

"You will say, what is to guide me in my prognosis and treatment? I reply, do not trust alone to the microscopic appearance in the urine, but take the case as a whole. In a case of consumption, it is rarely that you can determine by the stethoscope alone the course which the disease will follow, or the best treatment to be adopted. The stethoscope may give most important assistance, but the history, the general symptoms, the special circumstances, will still more correctly determine your judgment as to the duration of the case and the most suitable treatment. So, also, in renal diseases. The microscopic examination may give most valuable knowledge regarding the state of the kidney, *c. g.*, the pus may indicate suppurative inflammation; the blood, a loaded state of vessels; the fibrinous casts, the degree of recent congestion; the fatty matter, the duration, perhaps, of the evil; but it is far more important to take all the features of the case than to make the microscope the sole foundation for your prognosis and treatment.

In albuminuria, as in other diseases, take the history first. If you can trace the complaint to scarlet fever, to sudden cold, or to pregnancy, the chance of recovery is far more favorable than if the disease has insensibly approached. I could give you many instances of recovery where the disease commenced from such causes; but I know of no perfect recoveries where a bad state of health has given rise in disease of the kidney as a secondary consequence of a previous cachectic state."—*Courier of Medicine*.

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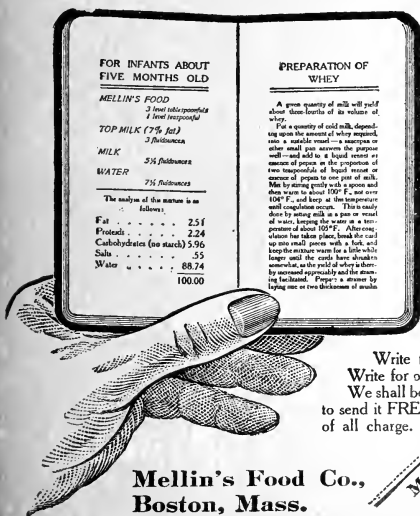
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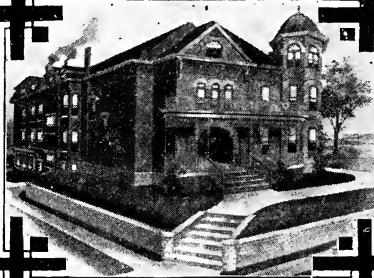
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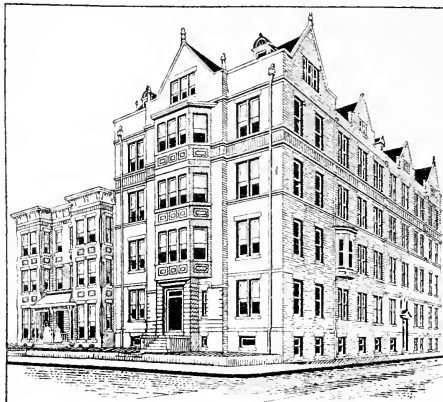
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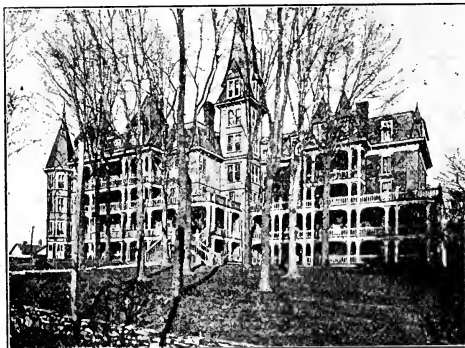
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Original Communications

The Value of Elimination in the Treatment of Certain Forms of Epilepsy.

(By Dr. J. Allison Hodges, M. D., Professor Nervous and Mental Diseases University College of Medicine, and Physician in Charge Hygieia Hospital, Richmond, Va.)

If the etiology and pathology of Epilepsy could be definitely determined, its treatment could be logically defined. The former, however, being uncertain with our present knowledge, the lines of treatment pursued are necessarily varied, and to some extent, empiric. Consequently, in the absence of a well established and fully verified hypothesis as to the cause of all the different varieties of epilepsy, every practitioner must be guided in the treatment of the special forms of this

disease largely by his personal experiences.

In the study of the large majority of the cases which have come under my personal observation, I have been impressed with the toxic pathogenesis of Epilepsy, and my experience is highly corroborative of the old conception of the disease, in which faulty chemical processes were believed to play an important and conspicuous role, for in nearly all, there has been a hypertoxic underlying basis with inadequate elimination.

I am, of course, perfectly aware that this theory does not embrace entirely the causative factors in all cases of Epilepsy, but am persuaded that it does in most of them, and even more frequently than we generally believe.

When the primal etiological factor shall be definitely determined, I believe

that the most tenable theory as to etiology, will be a condition, I shall not venture to say just what, that will be at least dépendent upon deficient elimination, with the resultant toxic effects upon the nerve centres.

If this be true, then elimination is of the utmost importance.

As a general rule, we are content to employ only such remedies and measures as will afford temporary relief and ameliorate the paroxysms, and we do not, in my opinion, in general practice, give that careful and systematic thought to the avoidance of recurrences, that we should.

I do not offer you any new thought along this line—the facts are well known to you all—but I would insist that we often practice least what we know best.

It is also true that every one of us practices this general method in a general manner, but we too seldom utilize it in a special way upon a special patient. I do not mean to be captious nor critical, but pointed and practical.

Believing that there are many estimable and scientific methods of treatment, I do not propose to be dogmatic, but would insist that, from personal observation and experience, the value of elimination, continuous and prolonged, in the treatment of this disease has not been sufficiently insisted upon by the average physician.

We all admit in a general way that the regulation of the *primae viae* is one of the essential basal principles of all well-ordered therapeutics, but in the treatment of Epilepsy, do we fully appreciate its real value and efficiency? I am constrained to say that not until recent years have I thoroughly appreciated this fact, and had its full therapeutic value firmly forced upon me.

The old aphorism: "Clean out, clean

up, and keep clean" has been relegated to surgical systems for too long. This maxim is of equal, if not greater importance to the physician, and especially to him who treats epileptics.

This lesson was first taught me when I began regularly to treat my epileptic patients along special hygienic and dietetic lines; it was later more fully learned when I found that the less cause I gave a patient for auto-intoxication, the less frequent were the nerve explosions, and finally it was indelibly impressed upon my convictions, when, with improved methods of elimination, even more satisfactory results were obtainable.

I would not have you believe that I am such an enthusiast as to believe that this one method is a cure-all, for it is not; but of all methods and measures known to me, it is the best, if conscientiously administered and faithfully and continuously carried out.

Believing that there was more of utility and value in it than could usually be obtained in intermittent office consultations and prescriptions, and wishing to test this method to the fullest extent, I chose last October from my practice, three children, two boys and one girl, all of nearly the same age, twelve to fourteen years, and sent them to my private hospital, where I do not usually take such patients at all, for a term of six weeks.

So far as I could judge from office consultations, irregular and otherwise unsatisfactory, they were nearly on a par as to the common expressions of the disease, such as the nature, frequency, etc., of the attacks, their average paroxysms being from two to four a week, when not under large doses of the bromides.

The preliminary urinary examinations showed in each case an undue

proportion of indican in the renal secretion, as well as a deficient secretion of urea.

It is needless to trace the treatment of these cases minutely, it would be as tedious to me as it would be tiresome to you, but with the exception of small doses of strontium bromide and a gradual reduction of salt in an aseptic diet until complete dechlorization was secured, these patients had no medicines given except a laxative when necessary for the elimination of the various products of metabolism.

All of the other methods available, however, for the purposes of elimination were employed, such as an aseptic diet, free water drinking, moderate exercise by means of light and interesting work, walking, massage and vibration, sweating by means of the Baruch tonic bath system, and eliminative measures by aid of the sinusodal, high frequency currents, etc.

The result was that in each case, the seizures were notably decreased and the general health markedly improved. The vital and resistive force in each patient was so much improved as to be readily noticed by any one, and in the case of one of the patients, there has been up to this time no return of the epileptic seizures, while the other two have suffered only slight inconvenience at long and irregular intervals.

None of them have exceeded fifteen grains of Strontium Bromide daily, and all have continued, as best they could, the eliminative and tonic measures first prescribed. These cases cannot yet be

classed as "cured," but their continued improvement after the lapse of a year argues well for the future.

It is eminently true of these cases that they were all of undoubted toxic origin, but be this as it may, it may nevertheless prove that there are many such, who, under similar ideal conditions, which are simple and accessible to all, if we only consistently carried them out, might likewise get as beneficial results. That the restrictions of the regime under which they temporarily lived was of benefit, I do not for a moment deny, but I also claim that if we, as physicians, exercised that same "eternal vigilance" of these cases, as, for example, we do of our typhoid patients, that the conditions named above are not as difficult of employment or realization in our daily practice, and that our epileptics would be largely the gainers thereby.

Neither do I mean to prove by this inadequate test that "three soldiers make an army" and that all such patients can be thus pronouncedly benefited, still I do believe a feather may show which way the wind blows, and, as I said in the beginning, this discussion is intended to be not dogmatic, but suggestive; not critical, but helpful.

The inefficiency of treatment in the past should, I believe, at least lend credulity to the present method of treating some cases of Epilepsy, and hold out renewed hope for greater success in the future.

*Read before National Association for the Study of Epilepsy, Oct. 24th, 1907, Richmond, Va.

A Few Points Regarding Iritis.

(By W. H. Wakefield, M. D., Charlotte, N. C.)

Only a few years ago we were taught that the constitutional causes of Iritis were few, and if a history of syphilis or rheumatism could not be elicited the cause was considered obscure and the patient was probably put on "the mixed treatment" anyhow. To-day we recognize a lengthening etiological list which in addition to syphilis and rheumatism includes malaria, diabetes, gout, gonorrhea, meningitis, infectious fevers, corneal ulcers, sympathetic inflammation and traumatism, etc.

The fact remains, however, that from 80 to 85 per cent. of all cases of iritis are undoubtedly due to syphilis and rheumatism.

Syphilis is the cause of iritis in the larger number of cases coming under observation and may be hereditary or acquired. Hereditary iritis is not frequent, hence the syphilitic condition that produces the majority of the cases of iritis is acquired, and the iritic inflammation usually manifests itself between the third and eighth months after infection.

Rheumatic iritis forms the second largest group of cases and usually occurs as a complication with chronic rheumatism. Gouty iritis is rare but does occur.

Gonorrheal iritis rarely occurs unless the joints also become involved. In sections where serious malarial infection happens a few cases of undoubted malarial iritis are found. Pronounced inflammations of the iris do occur as a complication in profound dyscrasias, hence we assume that all cases of iritic inflammation not due to traumatism are due to some form of toxemia.

In sympathetic iritis the iritic trou-

ble is really an extension forward of a deeply seated inflammation due to a destructive, traumatic inflammation (including iritis) in the other eye. Iritis may accompany all forms of cerebro-spinal meningitis, often complicated by a general inflammation of the ciliary body (the focussing muscle).

Symptoms of Iritis.

No other form of ocular disease presents more pronounced symptoms than iritis.

In acute rheumatic or syphilitic iritis the inflammation often comes on as a storm, while in iritis due to some dyscrasia that has sapped the vitality of the individual the disease, although destructive, is often insidious in its attack and its presence often unsuspected by those not accustomed to treat many cases of this class. At the outset of a case of iritis the only signs visibly to the observer are conjunctival and subconjunctival injection, the latter quite marked in a deep seated ring around the cornea. An inflamed iritis is of a darker shade of color than its fellow and the pupil is more or less contracted, owing to engorgement, and it dilates slowly if atropine be used. As the disease progresses all symptoms become more marked. The redness deepens, the pupil grows smaller and shows no tendency to enlarge in the dark, the luster of the iris is lost and it becomes "muddy"; the aqueous humor in many cases becomes cloudy, and there is marked photophobia and profuse lachrymation. The photophobia often increases until a stray ray of light throws the patient into paroxysms of pain. The suffering increases and radiates throughout any or all of the branches of the fifth nerve until the symptoms of misery are equaled by few other forms of disease. The dull,

aching pain of the day given place to the almost unbearable distress and restlessness of the night.

Treatment.

First, local, and the first indication requiring treatment is the contracted pupil. In order to prevent adhesions between the iris and the lens, the pupil must be dilated and in order to effect this a drop of a 4 gr. sol. of atropine sulph. should be dropped in the eye every 3 to 6 hours. If adhesions have formed they will break loose provided they have not existed too long.

Dilating the pupil accomplishes more than preventing adhesions; it puts to rest the iritic muscle, and reduces the amount of blood in the iris substance. It also relieves pain and hastens resolution, and the atropine should be pushed as much as needed, always being on the lookout for development of toxic symptoms. A symptom that often calls for relief is the supraorbital neuralgia that so often renders the nights unbearable. For this belladonna ointment rubbed over the eye brow and then the parts subjected to dry heat often works like a charm.

Hot stupes applied to the closed lids are most valuable to relieve pain, and reduce congestion. A towel wrung out of hot water and held to the eye from ten to thirty minutes and repeated three to six times a day is of great benefit. The water must be kept hot, and the towel wrung out of it every minute. Leeching, especially where the congestion causes a "muddy" iris acts like magic. I use an artificial leech and draw from one-half oz. to three oz. of blood from the temple. Internal treatment of each case will depend on the cause underlying the disease, but in

nearly every case of acute iritis calomel can be used to marked advantage.

Some administer calomel in two and one-half to five gr. doses at bed time followed by salines in the morning, keeping up this treatment every second or third night for a week or two. Others give the drug in one-quarter gr. doses four times daily for five to eight days. Then if antisyphilitic treatment is required daily inunctions of blue mass are ordered and ascending doses of potassium iodide well diluted are given for considerable time. If the case has rheumatic history sodium salicylate or some other appropriate treatment must be instituted.

If the condition becomes chronic, turpentine in five to ten minin doses in emulsion will often do much good. Of course all the eliminative organs must be looked after and kept active. If the wearing pain does not yield to heat and atropin, morphine may have to be used, or opium in some form.

In traumatic iritis heat must not be used; use cold compresses, and keep the eliminative organs busy.

If large adhesions have formed and the case shows a tendency to become chronic or to suffer recurrent attacks, an iridectomy is indicated.

In traumatic iritis if the iris is prolapsed it is good treatment to excise the injured portion at once, and carefully replace the edges inside the cornea.

Prognosis in iritis is generally good, provided the pupil is dilated early and intelligent constitutional treatment given.

Selected Papers.

The Future Science of Medicine.

(By J. Madison Taylor, A. B., M. D.,
Philadelphia.

Under the above heading the St. Louis Medical Review of June 8, 1907, published the following lines: "Dr. C. E. de M. Sajous announced on June 3d, at the American Medical Editors' Association, the crowning point of his patient labors on the ductless glands, in the discovery in the pituitary body of a membrane functionally resembling the Schneiderian (its olfactory area), in that it tested the condition of the body fluids and automatically regulated the correction of depraved conditions by producing antitoxins. Complete details by the author will appear shortly. It seems probable that an *absolutely scientific therapy* is now within sight." The announcement referred to was made at the dinner of the Association, which took place on the day mentioned. The complete details are to be found in the second volume of Sajous's "Internal Secretions," which has since appeared. The great interest awakened by his address, and the recent announcement that "Internal Secretions" was regarded on the Continent of Europe as so marked an advance in our knowledge of the functions of the ductless glands that it is to be translated into French by one of the greatest authorities on the anatomy and histology of these organs, Professor Lannois, of Paris, who has suggested the advisability of giving our readers an outline of the function referred to above, which will unquestionably revolutionize medicine

in the sense specified by the St. Louis Medical Review.

As is now generally known, Sajous's study of the functions of the ductless glands was only an incidental feature of his purpose to give medicine a more solid foundation than that upon which it rests at the present time. Nearly twenty years ago, when, as editor of the Annual of the Universal Medical Sciences, it became his duty to collate yearly the progress in all branches of medicine, he was surprised to note the amount of theorizing being indulged in by investigators in every branch of medical sciences: physiologists, physiologic chemists, histologists, therapeutists, clinicians, etc. After reciting a few experiments or clinical observations, and giving a perfunctory and often very imperfect review of the literature of the subject, authors of unquestionable merit would not hesitate to launch forth tentative deductions on every conceivable subject, until our knowledge of any question became literally congested with discordant fragments of imagination. Whether these new theories might not become flagrant misfits when everything became ultimately known of the questions to which they were appended was not taken into account of their authors; they had launched "*something original*," and on the strength of the frogs and guinea pigs used in the experiment, or the few clinical observations quoted, and that something was assured by them to be immensely "scientific." It is to this fundamental defect that Sajous ascribes the present deplorable condition of

medicine, which he compares to that of art during the Dark Ages. What has been justly termed by an editorial writer in the New York Medical Record "Osler's black, hopeless, helpless, therapeutic pessimism" has, in his opinion, no other cause. He holds that if we are forced to admit to-day that Skoda's well-known dictum that "we can diagnose disease, describe it, and get a grasp of it, but we dare not expect by any means to cure it" still holds good, it is because much that is valuable in the work of modern investigators is hidden under the mass of false and misleading conclusions with which they have encumbered medical lore.

How can confidence in medicine as the "healing art" be restored? Can it be achieved through the sacrifice of yet more frogs, more guinea pigs, by more laboratory guesses—the addition of a few more theories to the thousands that have driven medicine to practical bankruptcy? Sajous concluded that but one course afforded any chance of success in this direction, viz., to cast aside all theories, and with the aid of the huge aggregation of positive facts, experimental and clinical, actual results, etc., recorded by reliable investigators in all branches of medical science, *seek the solution of all admittedly undiscovered functions* even as a mathematician deals with a series of problems which he may wish to solve. By this plan, he avoided entirely the pit into which investigators had hitherto fallen, *i. e.*, that of being inspired by any preconceived theory, while giving all experimental and clinical facts their legitimate place in the process—*e. g.*, the place filled by the bricks, stones, wood, mortar, metals, etc., used in the erection of a building. This involved the use of logic, *i. e.*, of analytic and synthetic reasoning, which, according to Sajous, are utilized too

sparingly by modern investigators. The great French biologist, Milne-Edwards, wrote many years ago: "The history of science teaches us to do justice to the modest investigators whose patient labors have furnished us the materials thanks to which *generalizing minds* have been able to construct the scientific edifice. But, above all, it teaches us to appreciate those men who, avoiding vain speculations, and reasoning only from well-established facts, have been able to encompass the aggregate of these phenomena within their field of vision and point to the general and constant relations which unite them one to the other." That synthetic philosophy is a *sin qua non* of this, the highest and most difficult mission which any scientific man can undertake, is abundantly obvious.

It is to his *analytic* work that Sajous owed the discovery that the underlying cause of the existing confusion in medicine was due to the prevailing lack of knowledge concerning the functions of the ductless glands; it was his *synthetic* work which led him to the discovery of the true role of these organs in the body. As soon as these functions had been established by him, hundreds of problems, ninety-six of which he enumerates in the introduction to his second volume (and any one of which would qualify him to earn the gratitude of posterity), found a ready solution, the experimental results of a multitude of investigators thus falling into line, as it were, of their own accord. Pulmonary and tissue respiration, absorption and nutrition, the circulation of the nervous system (Harvey having discovered that of the larger vessels and Malpighi that of the capillaries), the nature of organic function and the manner in which it is awakened by vasodilator nerves, the composition of

ferments,' the physiologic and morbid production of sleep, etc., are but a few of the many problems which physiologists had admittedly failed to solve as is well illustrated by Osler's remark that while we know little concerning the action of drugs, "we put them into bodies the action of which we know less."

When once all these problems were solved, and the solutions proven correct by the precision with which they all harmonized, a superb mechanism revealed itself to Sajous; that of the human organism *complete*, the functions of the ductless glands and the presence of their products in all organs having filled many deplorable gaps those identical functions which physiologists and histologists, notwithstanding their painstaking labors, had failed to explain. The tendency of modern investigators to produce hypotheses, tentative guesses, etc., on all topics was also explained; they had observed phenomena on all sides which, without a knowledge of the functions of the ductless glands, were unintelligible, and for which they supplied what appeared to them as plausible explanations.

A brief review of the main steps of Sajous' labors will not only serve to illustrate all these facts, but it will lead up to the crowning feature of his work, viz.: the discovery of the process through which the body antagonizes disease by providing the blood with what he has termed its "auto-antitoxin:"—

Adrenals.—Sajous found that these organs supplied a secretion which passed to the lungs and took up therein the oxygen of the air. This solved the cardinal problem of human functions; that of pulmonary respiration. Physiologists had also failed to discover the identity of 94 per cent. of the haemo-

globin molecule. This likewise proved to be the oxygenized adrenal secretion. The nature and the source of an oxidizing substance found in the blood, oxidase, had also remained undetermined. Sajous found that this substance, the (albuminous) 94 per cent. of haemoglobin, and the oxygenized adrenal secretion were one and the same; that all tissues contained it; and that it was this substance which supplied the tissues with oxygen. He discovered another important fact in this connection, viz., that it was the adrenal active principle, thus distributed to all cells, which sustained their life—the principle which Herbert Spencer deemed necessary to account for the vital process (his "dynamic element of life"), but the presence, source and identity of which were to him unknown. Dr. Sajous had thus solved simultaneously the problems of tissue respiration and cellular life. The importance of these discoveries from the standpoint of practice cannot be overestimated, for, as you will now see, we are able *without remedies to govern* the adrenals, and therefore *oxygenation* of all cells and the *life process* itself where its activity is subnormal.

Thyroid Gland.—As is now well known to all physicians, thyroid extract given to a cretin or an idiotic child in whom the functions of the thyroid gland are deficient, brings about a wonderful change. The body soon begins to grow, all the functions are remarkably stimulated, and the brain practically inactive before, assumes its physiologic role as the organ of thought. What amounts to a mere "human plant" is finally transformed into a normal child, and remains such, but only so long as thyroid extract is administered to it. Now, thyroid extract has long been known to enhance actively the body's oxygenation. But how

does it bring about this result? How does it produce the wonderful transformation in the cretin? Sajous also solved this problem. He found that the purpose of the thyroid secretion was to excite a center in the brain (to which reference will be made presently) connected with the adrenals by nerves, and that it was therefore by stimulating indirectly the adrenals that the thyroid extract produced its wonderful effects.

It is here that the great practical importance of Sajous' discoveries is demonstrated. Not only did he find that thyroid extract excited the adrenal center, but that several of our remedies, the iodides, mercury, coca, and others, did likewise. The unexplained physiologic action of these remedies in combating some of the most destructive diseases of mankind thus became clear; they increased the oxygenizing power of the blood and the activity of the vital process, and thereby the power of the body to fight disease and destroy pathogenic bacteria, the poisons they secrete, toxic wastes, etc.

The thyroid gland was also found by Sajous to be the source of a substance which has been receiving considerable attention of late—Wright's "opsonin," known to sensitize bacteria and render them vulnerable to the attacks of phagocytes—those white cells or leucocytes of the blood and lymph which acts as the body's scavengers and do so much to protect it against infectious diseases, as shown by Metchnikoff. This introduces another practical point of the highest importance connected with Sajous' discoveries, viz., the functions of the leucocytes.

The Leucocytes.—The white cells of the blood have been given several different roles by physiologists, but Sajous was the first to show their true

function; the identity of that which causes them to act as scavengers; to appear in great numbers in the blood under certain conditions, normal and morbid; to contain numerous digestive ferments, etc. He showed that their role in the body was to take up or "engulf" food products of any kind, both in the intestinal canal (after the foods had been partially digested in the stomach and intestine) and in the blood and other body units; to convert these food-products into living granulations (through the adrenal principle which their ferments contain), and to transport them to the tissue cells. Sajous thus contributed another great advance in our knowledge of cell life; not only did he show the identity and source of the dynamic principle which sustains life, as previously stated, but also the process through which our foods become endowed with life, and, moreover, the manner in which our tissues are built.

The practical bearing of these discoveries is now made to appear; certain leucocytes (70 per cent. of the aggregate of white cells) are scavengers merely because they convert food-products, disease-germs, broken-down cells, etc., into tissue-cells. Now, when the vital process is below par, the body is vulnerable to disease; the scavenger cells are themselves unable to digest bacteria, and it is not the nutrient, tissue-forming granulations which they carry to all parts of the body, but living disease-germs. In the light of Sajous' discoveries, when a patient is treated judiciously this cannot happen, since, as previously stated, several of our well-tested remedies are able to raise the vital process to its fullest power; as the scavenger leucocytes form part of the body as a whole, they likewise acquire their full power when

proper remedies are administered and are thus able to kill all bacteria they might ingest, convert them into tissue-granulations, and arrest disease.

Comparison with the prevailing doctrines shows a marked contrast. Pneumonia, for instance, is regarded by Osler as a "self-limited disease," which means that medicinal treatment is useless. In the light of Sajous' findings this is tantamount to a death certificate, since the pneumonia germs are thus allowed to multiply freely and kill the patient. He submits ample evidence attesting to the fact that pneumonia, as well as all other scourges of humanity, can be checked by remedies which enhance the body's auto-protective functions.

The germ-destroying leucocytes do not represent the only recourse available by the body when it is exposed to disease. These cells constitute only the first line of defence, as it were. The blood-plasma itself, as shown by many investigators, is also a powerful bactericidal and antitoxic agent. But what is the origin of the substances which endow the fluid portion of the blood with these defensive properties? This constitutes another of Sajous' discoveries.

Auto-antitoxin—As everyone knows the mortality of diphtheria has been decreased to a remarkable extent since antitoxin has been used in its treatment. But the source of antitoxin in the body of the animal from whose blood it is obtained, as well as its chemical composition, has remained obscure. Sajous solved both of these problems. He showed that antitoxin contained (1) the oxygenized adrenal secretion (adrenoxidase) previously referred to, which, as the oxidizing (albininuous) constituent of the blood is

constantly present therein; (2) a ferment derived from the pancreas, trypsin; (3) a body rich in phosphorus, nucleo-proteid, derived from certain leucocytes; and (4) the thyroid secretion, which he termed thyroïdase (opsonin). The adrenals, pancreas, leucocytes, and thyroid thus proved to be the source of diphtheria antitoxin—and, in fact, of all other antitoxins.

This suggested a line of research which brought out a discovery of even greater practical importance: If by inoculating an animal, the organs referred to could be caused to produce antitoxin by increasing the functional activity of these organs, could we not by means of our remedies also stimulate these organs, flood the blood with auto-antitoxin, and thus check a disease? A prolonged study of all the phases of the question enabled Sajous to answer this question affirmatively and to formulate the general principle that "immunizing medication is the foundation of rational therapeutics;" in other words, that we should regard as the fundamental purpose of our efforts to cure disease, the use of remedies which, by increasing the functional activity of the organs that produce antitoxin, enhance correspondingly the bactericidal and antitoxic efficiency of the blood. This, he showed also, was the effect produced by those germs, toxins, poisons, etc., which are capable of evoking a defensive reaction in the body, as manifested by fever.

Sajous describes in detail all the diseases that are most fatal to mankind and shows conclusively that wherever cure had been effected by remedies, it was through agents which, by stimulating the organs referred to, increased the blood's asset in auto-antitoxin—the name given by him to the antitoxin

which our body produces to antagonize disease.

But how does auto-antitoxin destroy pathogenic organisms, the toxins they secrete, poisons, toxic products of metabolism, etc.? Sajous shows that this differs in no way from the process of digestion, and that if auto-antitoxin is present in excess in the blood, the red corpuscles themselves may be digested (hæmolysis). As to the process itself, the explanation he submits is based on the well-known fact that ferments are active, up to a certain limit, in proportion with the temperature to which they are exposed. When the temperature is normal, the ferments are active just sufficiently to carry on normal functions; when it is raised, their digestive activity is increased accordingly. Now, in the blood, the temperature is raised whenever its supply of adrenoxidase (the oxygenized adrenal secretion) and the nucleo-proteid granulations (supplied by leucocytes) is increased, owing to a reaction between the oxygen of the former and the phosphorus of the latter. Heat energy being liberated in excess, the digestive activity of the ferments in the blood (which gives it its bacteriolytic and antitoxic properties) is correspondingly increased.

Yet, how are these germ-killing and poison-destroying substances caused to appear in the blood? How do poisons awaken the defensive reaction of the body?

The Pituitary Body.—Located on the very top of the spinal column in the sella turcica, immediately below the brain, protected on all sides with the utmost care, lies this organ. To its role in the economy a recently published text-book of physiology devotes seven lines! Indeed, beyond the fact that it is supposed to provide some sort of a secretion (the purpose of which has never

been found), nothing is known as to the actual role of its anterior lobe; while its posterior lobe has been relegated to the rank of a vestigial remnant. Sajous demonstrates not only that this conception is false, but that the pituitary body in its relations to the functions of the body at large is even more important than the brain itself. None of these functions are impaired when the cerebral hemispheres of an animal are removed; all cease, however, when the whole pituitary body is submitted to the same ablation. The brain, as the organ of mind, can utilize the spinal system, with which it is connected, to execute its mandates; but the spinal system is also supplied with its own brain, the pituitary body, which Sajous terms the "somatic brain," viz., the governing organ of all vegetative functions. He shows, moreover, that this "somatic brain" contains a delicate organ whose mission is to protect the body against disease.

In his first volume, Sajous had advanced the view that the anterior pituitary body was a sensitive organ which perceived, as it were, the presence of any adventitious substance in the blood. The existence of such a structure has since been confirmed independently in Europe, Gentes having found histologically therein a sensory structure resembling the olfactory area of the nasal cavity. Dr. Sajous' conception is readily explained: When the blood circulating in the anterior pituitary body contains any abnormal substance—a drug, a poison, a toxin, etc.—it affects this sensitive organ just as odoriferous particles do the olfactory area. Sajous studied this organ in the animal scale, through comparative morphology, and found it in all animals down to such low forms as mollusks, where it bears a suggestive name given to it by

zoologists, viz., the test-organ, or osphradium, and is known by them to test the water ingested by these lowly beings.

But how, in the higher cerebrates, including man, does this test organ protect against disease?

Sajous found, as previously stated, that the adrenals were provided with a center situated at the base of the brain. This, he subsequently ascertained, was a nucleus of cells in the posterior lobe of the pituitary body, which nucleus received nerve-fibers from the sensitive test organ referred to above. Now, the manner in which any poison or toxin can increase general oxygenation becomes apparent; it excites the test organ, and this structure, in turn, through nerve paths (passing by way of the base of the brain, the bulb, the cord, the sympathetic and splanchnic nerves) increases the functional activity of the adrenals. Thus the blood is provided with an excess of adrenoxidase. True, this is but one of the constituents of the body's protective substance, auto-antitoxin, but the manner in which the other components of the latter are formed is readily apprehended: the metabolism of all organs being rendered unusually active by the excess of adrenoxidase in the circulating blood, the formation of leucocytes is activated (leucocytosis) and the proportion of nucleo-proteid, their product, in the blood is correspondingly increased. The secretory activity of the pancreas being also stimulated by the excess of adrenoxidase, more trypsin is produced; and we thus have the three components of auto-antitoxin: the oxygen-laden adrenoxidase and the phosphorus-laden nucleo-proteid to supply the increased heat-energy required to enable the trypsin both in the phagocytes and in the blood to destroy bacteria, their toxins,

or any other poisonous agent which the blood may contain.

This is not all, however, as shown by Sir A. E. Wright, the bacteria must be prepared for the phagocytic feast. Sajous, as previously stated, has discovered that the thyroid and parathyroids were the source of Wright's "opsonins," *i. e.*, thyroidase. Now, the nucleus through which the adrenals receive their stimulating impulses from the test-organ is also shown by Sajous to transmit stimulating impulses to the thyroid apparatus. When disease germs invade the blood, therefore, their toxins, by exciting the test-organ, cause the blood to be provided with thyroidase (opsonin) to sensitize the germs, and with auto-antitoxin to destroy them.

The grave mortality from all diseases in the young as well as in the old shows, unfortunately, that although our body is endowed with protective functions, these are often inadequate to prevent, or even arrest, disease. This is where Sajous' labors are to prove most prolific in results, since they have demonstrated conclusively that by means of the remedies in constant use among physicians, the protective mechanism can be activated sufficiently to protect the patient. Pasteur's prophylactic treatment against rabies, Wright's inoculations, bacterial vaccines, etc., are but examples of the protection afforded through agents which stimulate the test-organ, this action differing in no way from that of the drugs referred to, the action of which can, besides, be more readily controlled. All these measures cause the blood to be flooded with thyroidase (opsonin) and auto-antitoxin. Hence the fundamental principle Sajous establishes—that "immunizing medication is the foundation of rational therapeutics," which, as he shows by a comprehensive study of can-

cer, tuberculosis, syphilis, Asiatic cholera, cholera infantum, bubonic plague, epilepsy, puerperal eclampsia, and many other foes of mankind, is as applicable to the most virulent diseases as to the more benign. He not only points out the meaning of the *vis medicatrix nature*, but shows us how we can increase its efficiency and thus master disease.

Those who, like the writer, have availed themselves of Sajous' teachings in their daily work, have been able daily to appreciate the strength of his position, the power of the weapon or key he has placed in their hands, and the renewed confidence he thus inspires in practical medicine.

The Value of Publicity to Corporations.

STORIES CIRCULATED ABOUT THE
ILLINOIS STEEL COMPANY.

It is commonly believed in Chicago (and I have heard it given as a plain fact by scores of citizens) that the Illinois Steel Company conceals a large number of the deaths that happen in its plant and that it buries its victims secretly in mounds of slag. It is also reported that in the Illinois Steel Company hospital the patients are barbarously treated, and that while still in the delirium of pain they are forced to sign legal documents releasing the company from all legal money liability for the accidents in which they were injured.

These stories are currently reported and implicitly credited. And they are absolutely untrue. The company does not, and cannot if it would, conceal any death in its plant. Its hospital is excellently appointed and superbly man-

aged, and the chief surgeon, Dr. Burry, is a man of the highest professional standing and of the most sensitive self-respect. And there is no proof of any kind that Mr. Hayne, the lawyer in charge of the company's damage suits, has ever countenanced any extorting of releases from delirious or infirm patients.

But I had to disprove these stories by my own efforts. I should never have been obliged to go to that trouble, and the company would never have been suspected of any such abominable practices, if there had always been complete publicity for all industrial accidents in all the manufactories of Illinois.—William Hard, in the November *Everybody's*.

The hospital of the University of Pennsylvania was recently closed by order of the Philadelphia Bureau of Health by reason of the admission to the wards of a sailor from an incoming vessel, who was subsequently found to be suffering from smallpox. Every person within the hospital was vaccinated, and none was permitted to make his exit and none permitted to enter until the period of incubation had elapsed and the hospital had been disinfected.

"It is to Laugh."

In the foreign districts of large cities drug clerks are sometimes asked for queer things. These requests are particularly queer when they are sent in writing, and quite justify one druggist in pasting them into a scrap-book, which will be unique when finished, as the following notes copied from the original testify:

"I have a cute pain in my child's dia-

All the Salicylic Acid in Tongaline is made from the Natural Oil of Wintergreen



Samples by Express Prepaid - Mellier Drug Company, St. Louis.

gram. Please give my son something to release it."

"Dear Doctor, ples gif bearer five sense worse of Auntie Toxen fir garle baby's throat and oblege."

"My little baby has eat up its father s parish plaster. Send an anecdote quick as possible the inclosed girl."

"This child is my little girl. I send you five cents to buy two sitless powders for a groan up adult who is sike."

"You will please give the lettle boi five cents' worth of epecac for to throw up in a five months' old babe. N. B.—The baby has a sore stummick."

"I half a hot time in my insides and vich I would like it to be extinguished. What is good for to extinguish it? The inclosed money is the price of the extinguisher. Hurry please."—*Alumni Report of the Philadelphia College of Pharmacy.*

Grim Warning to Girls.

We recently read a horrible story of a young lady who thoughtlessly jerked her head back suddenly to keep from being kissed and broke her neck. This should be a terrible warning to girls not to jerk back. In fact, it would be better to lean forward just a little.
—Caldwell (Okla.) Advance.

Cigars are now made in Germany which are free from the danger of transmitting infectious diseases from the workman to the smoker through the practice of gumming the wrapper. In the new method the wrapper is held in position by a tinfoil ring, removable before smoking.

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Editorial.

Prosperity and the Doctor.

Under the caption Tayler writes in the April "*World*" from which we extract some pertinent points. He alludes to the wave of prosperity now passing over this country—all classes being benefitted, and a steady advance in all the commodities of life, with the price of labor increased, and asks if the doctor is reaping his share of the prosperity.

He thinks the doctor has felt the prosperity to some extent as bills are now easier to collect and accounts do not stand so long. Money that comes easily goes easily, and we have long noted that years or periods of prosperity people consult the doctor more frequently and for very trivial complaints.

But with all this the doctor is not securing his proportionate share of the prosperous times. His living expenses have increased twenty-five or more per cent. in some things and fully fifty per cent. in others; yet, his charges re-

main the same as those of the "hard" times. The services are the same, but the purchasing power of the fee received is decreased. The fees should be raised in proportion to the increased cost of living expenses, and your patrons will not seriously complain when the matter is explained to them.

Personally, we have been quietly increasing the amount of fees usually charged for the past year, and have not so far received a single remonstrance.

Vaginal Douches Condemned.

Gale condemns the indiscriminate use of the vaginal douche so prevalent at the present time (*Med. Word*, Sept., '07). He considers it a cause, predisposing, direct and aggravating of many uterine diseases. Women are well versed in the use of the vaginal douche and employ it for any and all ills peculiar to the sex as part of the routine treatment. The harmful nature of the

practice as a means of cleanliness is especially condemned, as they conduce to vaginal and uterine inflammation by disturbance of temperature and circulation, and to displacements by causing relaxation of the natural uterine supports.

Its use in the treatment of leucorrhoea he considers as unnecessary. The effect can be only transitory, normal secretions are washed away, delicate granulation tissue is disturbed, and spread of infection is caused.

The young married woman with headaches and nervous disturbances will generally be found to have a fountain syringe at the head of the bed for quick and ready use. Get rid of it and they will get well and do their duty to humanity and the obstetrician.

After confinement the douche dilutes the normal stream, relaxes the parts, decreases the speed of the lochial current, and spreads infection if present. Women get along better without its use than with it, and it is our duty to forbid it.

Responsibility in Pregnancy.

The following clippings and extracts from exchanges are given as illustrative of the importance of professional supervision of the woman during pregnancy, and after the puerperium.

Ballantine in the *Journal A. M. A.*, writes of the influence of the mother's health on the foetus, and makes of his paper the following:

Summary.

1. All diseased conditions of the mother in pregnancy, whether due to microbes, toxins, toxic agencies or diatheses, are, I believe, dangers to the fetus.

2. The fact that the fetus sometimes, perhaps often, escapes must be largely ascribed to the protective influence of the placenta.

3. The morbid influence may either force its way through the placental barrier and so reach the fetus and cause disease, etc., in it or, by destroying the integrity of the placenta itself, it may cause death of the fetus.

4. The laws that regulate the placental interchanges, normal as well as pathologic, have not yet been discovered.

5. The great safeguard of the fetus, if the mother be diseased, is a healthy placenta which opposes the passage of germs and toxins and which is not itself liable to the attacks of these morbid agencies.

6. We do not yet know if there are any medicines which act, as it were, as placental tonics; perhaps potassium chlorate and mercury are of this nature and possibly some of the organic extracts may be found to have this action.

Giere says in a paper in the *International Journal of Surgery* that the modern obstetrician has full confidence in his ability to help a woman through the trying ordeal of labor with only the remotest thought of complications, excepting placenta previa as the only pathological condition he has been unable to prevent, and of this he says:

The treatment of placenta previa can be classified under three headings: (1) Prevention; (2) management before labor; (3) management during labor.

Prevention. Not a great deal can be done to prevent this anomalous attachment of the placenta from taking place. However, as endometritis is supposed to figure as a cause, every woman during the childbearing period of life should be advised by her physician to

have that disease, when present, treated and cured. Again, as one theory regarding the etiology of placenta previa is that the placenta was first normally attached, but having become detached and gravitated to the lower segment of the uterus it then became reattached, the question comes up if every case of threatening miscarriage with hemorrhage should not be completed instead of checked.

Spalding writes of placenta previa in the Cal. State Jour. Med., and has this to say relative to its prevention:

"Holmes sums up the maternal and fetal morbidity in placenta previa in 2,756 cases, reported in the literature since 1877, and compares the results with the statistics of Read & Muller for the mortality in 1,975 cases occurring in the pre-antiseptic days, as follows:

Holmes Cases.	Maternal Mortality.	Fætal Mortality
Complete	13.4%	80.5%
Incomplete	4.3%	50.5%
Total	7.36%	54.1%
Read & Muller Cases.		
Complete	30.9%	67.5%
Incomplete	15.0%	51.5%
Total	23.6%	63.1%

So many of these patients give a clear history of having suffered from endometritis or subinvolution of the genital organs that valuable prophylactic measures should be carried out by every practitioner with all puerperal patients under his care. The proper management of the normal puerperium is in itself such an extensive subject that time will not permit of its complete consideration. Of the more important points in the prophylaxis of placenta previa, mention is

made of careful repair of the genital tract after labor, of a prolonged period of rest during the puerperium, which should be combined with intelligent massage and proper posture, of local and internal medication when indicated and of proper operative effort when needed to prevent the development or to cure sub-involution, retroversion and endometritis before the patient passes to a second and possibly complicated pregnancy.

Moody in Southern Practitioner on Eclampsia had this to say:

"The first step in the prevention of puerperal eclampsia consists in the practice of those hygienic measures which keep the physiological functions in the best possible condition, and the woman should be thoroughly instructed in these things at the beginning of pregnancy. This relates chiefly to diet, bathing, exercise, sleeping, the bowels and kidneys, with agreeable social conditions. There is generally a tendency to constipation in pregnancy and this should be prevented. The woman should be instructed to keep the physician informed as to her condition, and especially to report if there is headache, nausea, edema, disordered vision, wakefulness, or nervousness. Examinations of the urine should be made during the latter months of pregnancy whether any symptoms of uremia appear or not. If albuminuria occurs or any symptom of uremia, it should receive prompt attention. If the symptoms are slight, the patient should be given calomel and a purgative saline, and the saline repeated from day to day. She should be placed on a restricted diet of milk, bread and butter, with fresh ripe fruit, and drink freely of water. If the symptoms do not soon yield to this treatment, or are more pronounced than when first no-

ticed, she should be restricted to an absolute milk diet, and if necessary, rest in bed with hot packs until there is some relief. The more pronounced the symptoms in the same proportion should the treatment be prompt and decided. In the majority of instances the unfavorable symptoms will yield to these measures. I do not mean to say it will be successful in all cases. If they do not prove successful, and this condition is threatening, labor should be induced.

If we come to a case of labor with threatened eclampsia, either where a corrective and eliminative treatment has failed to relieve the toxemia, or one in which we have no warning, these measures should be continued or instituted. Chloral or hypodermic morphia should be administered, with normal saline solution per rectum or hypodermically, and delivery accomplished as speedily as possible."

Jordan writes as below of Toxemia of Pregnancy (*Jour. A. M. A.*), more special reference being had to pernicious vomiting than to eclampsia:

Treatment.

Palliative measures, to be effective, must be directed not only against the toxemia but quite as much against the hepatic insufficiency. No method of treatment hitherto employed has appeared to influence favorably the impaired antitoxic function of the liver. Eliminative and dietetic treatment, intended to reduce the toxemia, while sometimes successful, too often merely postpones the crisis, the morbid condition reappearing at later date in aggravated form. I have seen several cases behave in this way, and many other examples may be found in the literature. In view, therefore, of the impracticability of treating the hepatic

insufficiency, and the unreliability of treatment of the toxic condition itself, it seems to me that palliative measures should have no place in the management of a recognized case of toxemia of pregnancy.

Radicalism is, then, the only alternative, and in the interest of the patient it should be resorted to early and without reference to the interest of the fetus. Assuming that the diagnosis is established, the indication to empty the uterus is just as urgent as the indication to operate in a case of recognized ectopic pregnancy before rupture. If the condition arises during the early months the question as to whether to empty the uterus at one sitting or to induce abortion by a slower method must be decided according to the urgency of the case. On account of the possible unfavorable influence of anesthesia, non-operative induction of abortion should be given preference, other things being equal. This rule should also be followed in the later months for the same reason. A protracted labor should not be permitted, however, as the excessive muscular exertion would add its quota to the toxemia already existing. If the case is very urgent, rapid delivery may be accomplished by means of whatever obstetric operation seems to be best suited to the case. Cæsarean section may be performed by either the vaginal or abdominal method, provided that the exigencies of the case appear to call for such an operation. If, however, for any reason it is seen fit to perform the abdominal operation, the question arises as to whether it would not be advisable to remove the uterus at the same time in order to avoid a probable increase in the toxemia as a result of the process of involution.

In any operative procedure on a patient with toxemia inhalation anesthesia should not be employed if it is possible to avoid it, for reasons already stated. Spinal anesthesia, free as it is from the disadvantages of general anesthesia in this condition, is worthy of favorable consideration. In any event chloroform should never be used in a case of toxemia of pregnancy.

Butler in Clinical Medicine, says of Eclampsia as follows:

Prevention.

Is this a preventable condition? My answer is, Yes—by persistent care and absolute direct supervision of the patient through the entire period of gestation; and I lay especial stress on this care during the later months. The urine should be examined frequently, and if albuminuria is present, and the urine is scanty, the administration of diuretics and restriction to a milk diet is indicated, while a daily free, copious, watery evacuation of the bowels must be had. If there is much bloating and dropsy, this must be overcome before confinement sets. If this can be accomplished, the convulsions will be prevented. In my own practice I have not had a patient with convulsions where I have had full management of the patient during gestation. It is certainly no fault of the medical attendant that he does not see the majority of these patients until confinement sets in, or (as it has been my experience on more than one occasion) that preparatory advice and treatment are ignored. Prevention depends largely on acceptance of the rules laid down for prophylaxis.

The Responsibility of the Physician in the Management of Pregnancy.

This title handily indicates the line of treatment proposed. It will serve as an introduction, though to the paper, which is instigated by the reading, in the past few months, of several most excellent articles upon the management of pregnancy. It is not a criticism of these papers, but rather a plaint from the standpoint of the country practitioner, "one of whom, I am which."

Most, if not all, the papers in question are by city physicians, specialists, and professors or instructors in medical schools. Questions of the early diagnosis of pregnancy, its importance, and the signs by which it may be recognized; recognition and correction of mal-position of the womb; measurements of the pelvis; location of foetus; chemical examinations of the urine, etc., are freely discussed. Frequent examinations of the patient is advised, and full directions as to hygiene, diet, exercise, bathing and avoidance of constipation are given. Toxemia, its dangers and its prevention, receives its share of attention. To very nearly all the papers is appended a list of the articles that should be prepared and kept in readiness for the confinement, for the physician, mother and child. One of these is appended to this article.

There is nothing specially new in these papers. Most of the ideas are pretty well recognized as sound doctrine even by the country practitioner and others who do not follow them out in practice. Most of them are found in the text books, but still the papers are very useful in bringing together the principles involved in a convenient manner for refreshing the memory.

One writer (Boyd—*Therep. Gaz.*, Feb., '07,) says: "Unless one adheres to the routine above described each case will remain to the end, a mysterious uncertainty. This uncertainty, rather than the irregularity of the work, depriving one of sleep, and interfering with one's office hours, accounts, I think, for the dislike of obstetrics felt by some of our present-day practitioners." This dislike of obstetrics is widespread among conscientious physicians, whether from the cause given above or from others. In the present state of country obstetrical practice it is utterly impossible to carry out the instructions here given. Even the best able, most well-to-do patients will not stand for it. Occasionally a family in which there has been some dystasia will consult the physician prior to the time of confinement, but more often he is notified a few days before hand that his services will probably be needed at a period in the future, more or less indefinite as to exact time.

If he is conscientious, and the majority of them are, the physician realizes that he is not under these circumstances, giving his patient the best there is in the obstetric art. He is not shielding her, by preventive measures, from many of the dangers to which she is subjected. Be he ever so skillful in the management of the labor itself, unless he has had the care of her for weeks or months before he cannot prevent the results following an autotoxemia, a damaged kidney or a neglected mammary gland, and ought not be held responsible for them. The country doctor is not altogether lacking in skill. He appreciates the importance of asepsis, and of a necessity must be more self-reliant in his obstetrical work than his city brother, because the help is not so convenient. These have made

him observant, and in the labor itself he does creditable work. It is in the management of pregnancy that he is deficient. That he is partially if not wholly to blame for this is evident, though extenuating circumstances may be plead in his behalf.

The fees for obstetrical work are largely arbitrary, and are almost wholly governed by precedent. Each community (I speak now more especially of country practice) has its regulation fee, established for generations. These fees are entirely inadequate to the services required. Possibly too small a half century ago, now with many times the responsibilities, the actual work of the physician augmented to a great extent, and the financial outlay increased many fold, the fees are almost niggardly. It is not that the country physician runs to commercialism in his professional work, but he cannot afford either the time or the extra expense of taking charge of a case of pregnancy and labor for the fees received by his predecessors of one or two generations.

Poor or indifferent obstetrics makes work for the gynecologist. If the fees paid the gynecologist could be paid to the obstetrician he could afford more time to the woman's condition during pregnancy, and perhaps, too, give better work in labor. There would be at least a saving of an incalculable amount of suffering on the part of the patient.

Even though the physician should be willing to do the work the public must be reckoned with. So far it has shown little disposition to meet the physician in his efforts to secure a supervision of the woman during pregnancy, and until he can secure this oversight, the doctor is badly handicapped in trying to do the best obstetrics.

To meet the indications here presented two things are essential, viz., the fees for obstetrical work (country practice) should be raised to a sum adequate to the services rendered, and the public must be educated to the importance of and necessity for professional supervision of the woman during pregnancy.

The first of these should be done by concert of action on the part of all the physicians in a neighborhood or locality. Do the best obstetrics possible, charge adequate but not extortionate fees for the work, and prove to the patient that the work is worth the fee.

Each physician must be a committee of one in an educational campaign. Study the question in all its details, and on every occasion possible advocate its importance. Often its actual necessity can be demonstrated by the occurrence of some untoward event in pregnancy or labor that might have been prevented. While cautioning against being an alarmist, I do not see the impropriety of using such occurrences as illustrations to sustain an argument.

List of Barton C. Hirst.

(*Ther. Gaz.*)

As there are a number of small details for the patient to remember, and as there are a number of things to provide, a printed list such as is appended below should be handed the patient:

For the Mother.

Send specimen of urine (mixed night and morning), about four ounces, every two weeks until the last month, then every week. Report at once scanty urination, bad headache, swelling of the feet or face.

Have ready for the labor: Towels, ether (one-half pound); brandy (two

ounces); vinegar (four ounces); four ounces tincture of green soap; a bottle of antiseptic tablets (corrosive sublimate); a large, coarse, new sponge; a skein or bobbin; a fountain syringe; bedpan; new, soft-rubber catheter; a small package of absorbent cotton; a one-ounce bottle of carbolized vaseline; two yards unbleached muslin (for binder); a one-pound package of salicylated cotton; five yards of carbolized gauze; eight yards of nursery cloth.

The last is to be boiled for half an hour in clothes boiler, dried thoroughly, pinned up in a clean sheet, and put away out of the dust. A mackintosh or rubber cloth is necessary to protect the mattress; two yards of rubber cloth, one yard wide, is sufficient. Prescription No. 1 (Glycerole of tannin, aq., aa oz.jss; ol. rose, gtt. ij; apply externally as directed to the nipples) is to be procured about four weeks before expected confinement. It is to be applied to the nipples, night and morning, with absorbent cotton. Prescription No. 2 (ergot) is to be gotten about a week beforehand and kept in readiness.

Baby Clothes.

Four to six dozen diapers.

Four to six pairs knit (woolen) socks.

Three to four shirts (woolen).

Four flannel night skirts.

Four flannel day skirts.

Four to six white day skirts. (All skirts to be made with waists instead of bands.)

Six to ten slips.

Six to ten dresses.

Material for four or five flannel bands (45 to 50-cent flannel).

Soft Pillow (good size, 14x18 inches).

Soft pillow covers.

Knit wrapping blankets.

Sacques, wrappers, bibs, caps, blankets, veils, etc.

Baby's Basket.

Large and small safety pins.

Talcum powder (box and puff).

Fine, soft sponge.

Soft brush (for hair).

Castile soap.

Cold cream.

Alcohol for rubbing child.

Blunt scissors for nails, etc.

Old linen for cleaning mouth.

Soft towels for bath.

Bath blanket.

Wooden forms for drying socks.

If the patient is willing to incur the additional expense, everything needed in the labor may be procured in a box, each article sterilized and ready for immediate use:

"Van Horn" Obstetrical Outfit No. 4.
As prepared for Dr. Barton C. Hirst,
Philadelphia.

Ten yards sterilized gauze.

Two sterilized bed pads (30 inches square).

Two sterilized mull binders (18 inches wide).

Six sterilized towels.

Stocking drawers, sterilized.

Ten yards sterilized gauze.

Five yards carbolyzed gauze.

One pound package salicylated cotton.

One pound sterilized absorbent cotton (1-2 lb.).

Rubber sheet 1 yard by 1 1-2 yards, sterilized.

Rubber sheet 1 1-2 yards by 2 yards, sterilized.

Two tubes sterilized petrolatum.

One tube K-Y lubricating jelly.

Tincture green soap.

Fluid extract ergot.

100 grammes chloroform (Squibb's).

100 grammes ether.

Boric acid, powdered.

Bichloride tablets.

Talcum powder.

Fourt-quart sterilized douche-bag with glass nozzle.

Douche pan, sterilized.

Two agate basins, sterilized.

Bath thermometer.

Sterilized nail brush.

Safety pins.

Sterilized tape.

Sterilized soft-rubber catheter.

Sterilized glass catheter.

One pair sterilized rubber gloves,
No. 7 1-2.

These materials being cleansed and sterilized are ready for use at any time.

This complete outfit is packed in a neat box, thus enabling the contents to be kept intact until needed.

At the patient's first visit to the physician she should be given a list of about a half-dozen competent, reliable nurses, to choose from the number the one whose personality she likes the best.

A Comment.

(By F. Julian Carroll, M. D., Summerville, S. C.)

Editor Carolina Medical Journal:

In your issue for October there appears a very excellent article by Dr. B. K. Hayes, on "The Doctor as an Educator of the Public." In this paper the doctor tells us many things which are true and pertinent, but when he attributes to the medical profession the dissemination among the laity of such matters as the trypsin treatment of cancer or the "opsonic" theory, I think he is stretching a point, and bestowing the blame, or credit, where it does not belong.

As a matter of fact, the so-called

"yellow journals," with their ears skinned for the new and sensational, love to spring upon the gullable and long suffering public, half digested but wholly startling pieces of pseudo-scientific news. Thus, under the flaring headlines "FED HIM ON POISONS" we are informed of a case of persistent headache cured by very large doses of iodide of potash. Again, to my certain knowledge a leading New York daily has on four or five separate and distinct occasions announced a new and certain cure for tuberculosis.

It was the lay press which led the general public to expect so much from Koch's anti-toxine; likewise this same purveyor of medical news for home consumption, announced the discovery of the germ of cancer, of the serum which was to cure blood poisoning, of the operation which was to cure kleptomania or what not, of the eye which was taken out and scraped and put back. Indeed of anything alarming and out of the common comprehension which comes within their hearing. Verification, in all cases, of course, being considered unnecessary, and superfluous, is not indulged in by these public educators.

Recently, I saw the announcement made with all the gravity of weighty truth, and apparently upon the authority of several distinguished medical men, that the first case known to have been successfully treated by tetanus antitoxine on the American Continent had been rescued in a New York hospital. The further information was given that one other case was known to have recovered in Europe by the use of anti-toxine, but these two were the only known recoveries from tetanus since the world began.

Of course, every practitioner of the

most ordinary ability and education, knows better than this, but did one take the trouble to correct this absurd statement? I think not. Certainly if any did, the editor did not see fit to publish his correction—for none ever appeared.

So, then it is not that the medical profession is educating the public in the higher and more obtruse branches of our profession, but that it is not educating the public at all. For some reason we have taken it for granted that the public does not and cannot understand our profession and we have dismissed the matter as unworthy of our attention.

Consequently, the public, which really is keenly interested in medical affairs must depend for their information upon the strangely garbled and often absurd matter furnished them by the lay press and gathered by non professional reporters; or, worse still, upon the purposely distorted "facts" dispensed by that bane of the medical profession—the advertising quack!

The remedy then is for the regular medical profession to take the public into its confidence. Tell the people of the things we know, and tell them of the many things we don't know—and why we don't. Let our societies appoint capable and well informed medical men to deliver lectures of matters of medical and general interest under the auspices of the society. Let medical men write for the lay press, or better still, have a committee in each society whose special duty shall be to take up and refute all dangerous or absurd claims advanced by the advertising quack or the misinformed lay writer. And then, and then only, will we be in a position to be understood by the public.

Abstracts.

The Serum Treatment of Exophthalmic Goiter.

Harriet C. B. Alexander discusses the subject and reports thirteen cases. Four principal theories of the disease have been advanced: (1) That it is due to disease of the sympathetic nervous system; (2) that the seat of the malady is the medulla oblongata; (3) that it is primarily a disease of the thyroid gland; and (4) that it is a neurosis.

Modern therapeutic measures have been largely based on the "thyroid" theory. The results of partial strumectomy indicate that the successful removal of a portion of the thyroid gland can lead to cure or to definite amelioration of the condition. On the theory that the thyroid secretion normally neutralizes certain general metabolic poisons in the body, Moebius and others conceived of treating cases of exophthalmic goiter, in which there is presumably an excess of thyroid secretion in the body, by introducing subcutaneously, or by the mouth, the serum of thyroidectomized animals. It was hoped that the non-neutralized general metabolic poisons of such animals would nullify the toxic effect of the excessive thyroid secretion. As to the treatment, experience has shown the great importance of general measures; complete rest for a time, fresh air, careful diet, mild balneotherapy, etc.

The name Thyreoidectin has been given to a preparation obtained under aseptic precautions from the blood of animals from which the thyroid glands have been removed, and which is exhibited as a reddish brown powder con-

tained in capsules, usually five grains each. Carefully conducted clinical trials seem to show that Thyreoidectin can be depended upon to control the characteristic symptoms of exophthalmic goiter. In most cases the patient experiences much relief from the restlessness, tremors, insomnia and other nervous symptoms so frequently present, and a gradual lessening of the frequency of the pulse rate, decrease in the size of the glands, and a diminution of the exophthalmos, with an increase of weight and a much better condition generally. The dose of Thyreoidectin seems to be one or more capsules after each meal, according to the judgment of the physician and the reaction of the patient.

In nine of the author's thirteen cases the size of the gland was materially reduced, and in every case improvement was observed with respect to one or more of the symptoms.—*The American Practitioner and News*, August, 1907.

The Medical Treatment of Exophthalmic Goiter.

From his general review of the subject, R. B. Preble, Chicago (*Journal A. M. A.*, October 12) comes practically to the conclusion that no one drug or method has any direct effect on the morbid process in exophthalmic goiter, and the beneficial effects that have been claimed have depended solely on the skill and intelligence that has been exercised in the individual treatment in each particular case. There is much collateral evidence in favor of the view that the disease is fundamentally a neu-

rosis, and in many cases it can best be treated, at least for a time, on this theory. Rest, exercise, change of climate, dietetic and other hygienic measures may all be of value if adapted to the particular case. He has not much to say in favor of hydrotherapeutic or electric treatment or the x-ray. These patients are very suggestable and this must be allowed for. But for the apparently well-grounded theories on which organotherapy of the disease is based he would be inclined to consider it as futile as the other methods, but no definite opinion is justifiable until we have had more experience and the methods are better perfected. In spite of his rather pessimistic conclusion, Preble thinks that many, perhaps the majority, of the cases must still be handled by medical methods, and he does not advise surgical intervention until it is seen that, in spite of rest, proper nourishment and hygiene and intelligent effort for the correction of individual symptoms, the patient is steadily getting worse. When to operate is a matter of surgical judgment in each case. In some obstinate and disabling, though not serious cases, a partial thyroidectomy may be advisable.

The Surgical Treatment of Exophthalmic Goiter.

A. Kocher, Berne, Switzerland (*Journal A. M. A.*, October 12), reports the experience with the operative treatment of exophthalmic goiter in the clinic of his father, Professor Kocher. There has been a total of 315 operations on 254 patients, with a mortality of only 3.5 per cent., and no fatalities in the last 91 operations. The extensive operations formerly done are not performed at present, and experience has shown them how better to

judge the ability of the patient to undergo operation. Three things are considered essential for the surgeon to know before doing an operation of this kind: 1, The strength of the heart, the increased blood pressure must be proportional to the degree and constancy of the tachycardia; 2, the degree of intoxication present; 3, the condition of the blood, especially the lymphocytosis. To the question: "Can the disease be cured by operation?" he answers that 83 per cent. of their patients have been cured, and all have been benefited. By most careful avoidance of bleeding, by ligation of every small vessel, and by taking the greatest care not to injure the remaining parts of the gland, alarming symptoms can be avoided. It is not necessary or permissible to attempt to remove all diseased portions. If enough can be removed and the blood supply regulated as to bring the functioning to normal, cure will follow. The so-called diseased portion can assimilate normally the proper blood supply and adapt itself to normal function. In operating Kocher makes *nihil nocere* the most important condition, acts only after preliminary observation and prefers repeated operations under more careful observation aided by medical treatment. More than two arteries should never be ligated at one session and it is rarely if ever necessary to remove more than one-half of the gland. Operation is not advisable when the disease is at its worst until medical treatment has been employed. Cytotoxic serum seems to act well here.

Salpingitis Caused by Appendicitis.

I. S. Stone, Washington, D. C., (*Journal A. M. A.*, September 21), reports two cases of salpingitis due to disease of the appendix and emphasizes the fact that such cases occur and are more frequent than is generally supposed. He was able not only to observe the appearance of the diseased organs both before and after removal, but also to note clinical and pathologic differences existing between these cases and those of the more common gonorrheal origin. The gonorrheal diplococcus tends to close the fimbriae and to protect the peritoneum until the tubal mucosa has been destroyed and perhaps rupture occurred. Streptococic and staphylococic infection, on the other hand, cause lymphatic and connective tissue invasion. In both his cases the colon bacillus was present, indicating intestinal origin of the disease. Unfortunate mistakes in diagnosing the gonorrheal salpingitis have occurred because of the non-recognition of the possibility of this other route of infection.

Bacterial Vaccine Therapy in Surgery.

In the October number of *Surgery, Gynecology and Obstetrics*, Drs. McArthur and Hollister have an elaborate article of over seventy-five pages, being a report of a series of investigations covering work of the last eight months and with a view to determine the value of vaccine therapy in the treatment of surgical infections. This report is accompanied with full laboratory reports of the five investigators at the private laboratory, St. Luke's Hospital, Chicago. Dr. McArthur states that diagnosis has scored a distinct advance through the aid of

the opsonic index he feels cannot be successfully gainsaid, their many repeated and crucial experiments convincing them of their general accuracy. That just as in the earlier days of leucocyte to count in infections correct interpretations could not always be made, so to-day there remain some vagaries of the index not yet explained. That there is one unfortunate phase of the use of the opsonic index and that is that it requires special training and a special laboratory and requires a great deal of time. He pleads for the addition to every municipal laboratory of an opsonic department to which we might send our sera for examination and in return receive properly prepared vaccines with which we may determine for ourselves the value of vaccine therapy.

The physician in attendance during the last illness of a wealthy Chicago woman, who died several years ago in California, has been awarded a verdict against the estate for \$100,000 for professional services. The claim was made by virtue of a contract made with the patient that he should attend her until the time of her death, and should then receive \$100,000 by her will. The physician had given all his time to the patient during several years, and the jury allowed the full amount sued for.

Taking Ways.

"I met that popular young doctor at my uncle's the other day, and I certainly was taken with the way he acted."

"What did he do?"

"He took uncle's temperature; next he took aunt's word about paying his bill, and then he took his leave."

"Humph! No wonder he is taking with people."—*Baltimore American*.

Newer Materia Medica.

The Care of Growing Girls.

One of the most responsible tasks of the family physician is to advise parents of girls entering upon their 'teens, as to the diet, mode of life, and hygienic measures best calculated to preserve the health of budding womanhood. In dealing with these cases the practitioner is often called upon to treat the anemia which in such a large proportion of instances characterizes the unfolding of the growing girl. Full well does the family doctor grasp the meaning of this anemia, and the vast importance of combating it before it is too late,—before the impoverished condition of the blood of puberty has left its imprint upon the powers of resistance of the adult organism; has done permanent damage to the future woman and the future mother.

Unsuitable diet, an overindulgence in sweets or spices, over-study, lack of fresh air and physical exercise, indulgence in late hours and abandonment to novel reading, to tight lacing, and other abominations of dress, contribute their quota to the causes of anemia in the growing girl. Each of these factors is, of course, removable by good common-sense advice to parents and by proper exercise of discipline. Still, when the damage has been done, we must assist nature in its generous work of restoration, and here it is that we are obliged to give that sovereign cure of impoverished blood, iron in such form as may best be suited to these cases.

The question as to what form of iron we should give to produce the best possible effects has been solved by both experimental and clinical researches conducted during the past twenty-five years—ever since Bunge and Hamburger experimentally demonstrated the inferiority of inorganic preparations (Morat and Doyen, *Traite de Physilogie*, Paris, Masson 1904, I, 467). Iron, in the anemia of puberty, produces the best effects when given in a form that will stimulate digestion, and increase assimilation, i. e., in the form of the peptonate. With it should always be combined that second hematinic which has been shown to enhance the value of iron,—manganese,—and the two are best given in the form of the well-known solution, styled "Pepto-Mangan (Guide)."

With this may be given, in the anemia of growing girls, minute doses of Fowler's Solution, or else equally small doses of strychnia which may be incorporated with Pepto-Mangan as indicated in individual cases.

Pepto-Mangan has a great advantage over other forms of iron medication in that it does not constipate. Girls at puberty, however, are notoriously prone to constipation. Therefore, this should receive proper attention, chiefly in the regulation of diet, including a sufficient amount of fruit, raw and cooked, and of cereals giving a large residue of cellulose.

With this method of treatment many a physician has achieved success which was rewarded tenfold, by the sight of rosy faces and bright eyes.

The Ideal Christmas Gift for Man or Boy.

There is no more suitable or appropriate present than a famous STEVENS RIFLE, SHOTGUN or PISTOL. These well-known arms have been on the market since 1864, are guaranteed in every way and universally conceded to be absolutely the best at popular prices.

"Out-of-doors" with a Stevens is the finest developer for a growing boy. Learning to shoot well and acquiring qualities of self-control, decision and manliness are the invariable results of a Stevens Firearm education.

Progressive Hardware and Sporting Goods Merchants carry Stevens Arms in Stock and can supply individuals at attractive prices. Insist on Stevens when purchasing—there are no substitutes. These meritorious weapons are manufactured in all sizes, gauges, calibers, weights, lengths, etc.

Send five cents in stamps to the J. Stevens Arms and Tool Co., Chicopee Falls, Mass., for 160 page illustrated catalogue. Embodies detailed descriptions and furnishes the most complete number of Xmas suggestions in the firearms line.

Remember — when securing your gifts for the merry Yule-tide season—a Stevens Rifle or Shotgun makes a man of your boy and no mollycoddle!

A Useful Tonic.

The season is now on us in which we find many patients suffering from coughs and colds. In many of these cases the general system is below par, and in order to hasten recovery from the catarrhal conditions of the air passages a general tonic is indicated. Cod liver oil is a century old remedy for coughs and where the stomach can

handle it there exists no reason why it should not be employed, and in such cases the results are satisfactory. But in many of these sufferers digestion is enfeebled, the appetite is poor and cod liver oil is not well borne. Fortunately for patient and doctor, modern pharmacology has provided a preparation of this valuable agent which contains "all of the oil except the grease," to which has been added the Hypophosphites, and the combination thus formed, being flavored by using a good wine as the vehicle, is not only wonderfully efficacious but pleasant to the taste and readily handled by the weakest stomach. We allude to the now well known Cordial of Cod Liver Oil, Hagee's formula, prepared by The Katharmon Chemical Co., St. Louis, Mo.

Home-Made Buttermilk.

It is now within the power of every household to have an abundance of that refreshing and healthful summer (also winter) drink—buttermilk. To the present time no one knew of any source of buttermilk except from the butter-maker; but nowadays the butter-maker does his work so well that the buttermilk is entirely deprived of the delicious little grains of fat which add so much to its food qualities as well as to taste. True buttermilk, made direct from fresh rich milk, within a few hours, of the finest flavor and taste, nutritious and more excellent than the article as originally known, can now be prepared in any kitchen. This is done by taking a quart of fresh, rich milk, adding a pinch of salt and about a half-pint of hot water to raise the temperature to body heat, and lastly adding a tablet which contains a pure culture of lactic acid bacteria. Place all in a pitcher, cover with a nap-

kin, and let stand for twenty to twenty-four hours at the ordinary temperature, and there is your perfect buttermilk. The tablets are made by Parke, Davis & Co., the pharmaceutical and chemical manufacturers of Detroit, Michigan, and are called "Lactone" or buttermilk tablets.

On the farm, in the process of buttermaking the cream is allowed to sour spontaneously and is then churned. The souring is the lactic acid fermentation caused by lactic acid bacteria or ferments. The difference between the new and old process is one of method and not result. In the old, the lactic acid fermentation was expected to occur spontaneously, with disappointment sometimes. In the new the ferment in pure culture is directly planted in the milk, and the desired fermentation is secured without fail. In Bible days, spontaneous fermentation of dough was depended upon to leaven or lighten bread, and failure frequently attended the process, the dough putrefying instead of fermenting, and was then lost. Finally, man learned to add yeast to the dough and not to depend upon spontaneous processes, with the result of always securing the right fermentation and making a better and more nutritious bread. This new buttermilk process is a like improvement.—*Monthly Bulletin Indiana State Board of Health*, June, 1907.

THE OLDER MASTERS OF VENERE-
OLOGY were very particular to keep their gonorrheal patients on demulcent drinks and a low diet, and accomplished much good by this course. The soothing demulcent effect of Sanmetto renders it an ideal remedy in gonorrhea.

The Value of Codeine.

The *Cleveland Medical Journal* quoting from the *Denver Medical Times*, concerning codeine, states, that, according to Butler, "it is less depressing and more stimulating than morphine, does not constipate, cause headache or nausea, and rarely leads to the formation of a habit. Codeine seems to exert a special, selective, sedative power over the pneumogastric nerve, hence its value in irritative laryngeal and phthisical coughs with scanty secretion. Like morphine, it has proved of value in checking the progress of saccharine diabetes, and it has been used for long periods, without the formation of the drug habit, inasmuch as when glycosuria was brought to a termination by dietary and other measures, the cessation of the use of codeine was not followed by any special distress. The effects of codeine on the alimentary canal are remarkable, in that it assuages pain as well or better than morphine and nevertheless does not check the secretions or peristalsis notably, unless the latter is excessive, as in dysentery." In view of these facts it would seem that Antikamnia & Codeine Tablets are a remedy which should find a wide field. Prof. Schwarze (Therapeutische Monatshefte) in writing upon the treatment of the different forms of dysmenorrhoea, and the different forms of congenital deformity of the uterus, states that the coal-tar analgesics are of much use, as well as the preparations of iron and sodium salicylate. In many cases it is necessary to administer codeine in small doses, and the tablets of "Antikamnia & Codeine" would seem to have been especially prepared in their proportions, for just these indications.

Mixed Bromides.

Dr. Robert J. Preston, Brown-Sequard, Hazard and other learned men of the profession have strongly advocated a combination of bromide salts in preference to the use of potassium bromide alone. The salts of the lighter metals, as sodium, ammonium and lithium, seem to have less of the untoward action than the potassium salt. In Peacock's Bromides we have a union of these salts that has proven itself a most available and trustworthy combination. In this regard we are pleased to quote Dr. Caldwell, who says: "It is a mystery to me why bromide of potassium is so generally used by the profession. Its action is not near as reliable as the bromide of sodium, but better still is a combination of bromides. For such a preparation I use Peacock's Bromides, as I know it is made of the purest salts, and the difference between its therapeutic action and that of the commercial salts is very great. I have used it for years and it is always reliable and staple. It is impossible to obtain satisfactory results in prescribing bromide of potassium, and thus I have depended upon this preparation. I have also learned that it is necessary to see that my prescription for it be filled at a first-class pharmacy."

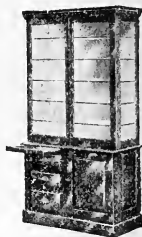
IN CHRONIC DISEASES—which are the result of long standing bodily depression—the system cannot be made healthy in a day. The removal of the evil will often be as gradual as its growth. A persistent use of the Syrup will therefore be necessary, in such cases, in order to obtain thoroughly satisfactory results.

Fellows' Syrup acts directly upon the lungs and nervous tissues. It betters the appetite, helps in the assimilation

of the food and exercises a favorable influence upon the processes of metabolism. The composition is a fortunate one, and meets the indications (Anaemia, Neurasthenia, beginning Phthisis, Scrofula Rachitis) perfectly. The preparation of the Syrup is most carefully done, and its formula and reaction remain constant always.

It is very gratifying to note that, not only is the physician making progress in the line of medicine and surgery, but also in the method of handling the business connected with his practice. The day was, when it was said that the physician was a poor business man, but this has changed. The physician of to-day is showing his progressiveness, more especially in the fact that he takes such excellent care of his offices, and is learning rapidly the value of good equipment.

This is evidenced by the fact that such houses as W. D. Allison Company (Indianapolis), are continually introducing new lines to meet the growing and widening demands of the physician. By courtesy of this company, we are privileged to show one of their new, special patterns of cabinets that has just been introduced. We feel free in saying that W. D. Allison Company will take pleasure in sending catalogue and descriptive literature to anyone requesting it, and we recommend to our readers that they make this request at once.



"The practitioner should know something of pharmacy and its application to medicine as practiced. He

should know, for instance, that there is a natural salicylate of sodium, and an artificial one; and that the natural one costs about \$6.00 a pound, and the other about 50 cents, and that his patient will not get the six dollar variety unless he sees to it personally."—*Medical Sentinel*, October, 1907.

Physicians can feel assured that when their patients take Tongaline they get the salicylate of sodium made from the natural oil of wintergreen.

REMEMBER THAT THE DRIPPING OF THE URINE in adult life usually denotes the overflow of a distended bladder, possibly occasioned by muscular relaxation of bladder or the commencement of hypertrophy of the prostate. Sanmetto is the indicated remedy.

Seasonable Suggestion.

As winter approaches with variable temperature, the usual conditions of Colds, Bronchitis, Pneumonia, etc., will accompany it. As a reconstructive Fellows' Hypophosphites should suggest itself to the mind of the attending physician. This well-known product should need no introduction, but as a reminder—Fellows' Hypophosphites.

Elongation of the Uvula.

As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

Medical Service of the Army.

The literary and professional attainments requisite to appointments to positions in the army medical corps are

of the highest order, as they should be. It is regretted that the emoluments of the position and the social footing, rank and opportunities for advancement are not commensurate with the responsibilities. The nation takes pride and justly so, in its army and especially in its officers, but the profession is by no means proud of the relations of the medical department.

This disregard on the part of the "powers that be" of the importance of a medical corps and the recognition of the claims of its members to be placed on a par with the commissioned officer in his special department, is bearing fruit in a very pronounced difficulty experienced in filling vacancies in the department.

There is but little offered the young doctors of the necessary qualifications to enter the medical department of the army, and though both the Surgeon-General and the Secretary of War have advocated a change in the law relative to this matter, Congress has refused to grant the relief.

We learn that there are now over thirty vacancies in the department, and at the recent examinations to fill these, only seven passed. The problem is one of importance. Already the corps is over-worked even in time of peace. The vacancies are harder to fill every year. The best men do not present themselves. To lower the requirements would be a suicidal policy, for it is essential that the efficiency of corps be kept up to the highest standard. The question lies with Congress as to whether it will relieve this condition by doing justice to the medical profession, continuing to overwork the medical department, or lowering the grade for admission to the corps.

News.

Epidemic of Rabies in Pennsylvania

As the result of an epidemic of rabies in Chester County, Pa., it has been necessary to kill 154 dogs, 25 cows, and 10 horses. Hydrophobia has now received official sanction, for the newspapers state that as the result of experiments undertaken at Bethesda, Md., in order to put a quietus on those who maintain that it is an imaginary ailment, the Department of Agriculture has announced that hydrophobia exists and is a real disease.—*Med. Record*.

Plague in San Francisco.

Reports from health officers show that there are over fifty undoubted cases of plague in San Francisco and about thirty suspected cases under observation. Twenty deaths have been recorded so far.

Cholera in the Far East.

Cholera is spreading throughout Korea, and the entire district through which the Chinese Eastern Railroad runs has been officially declared likely to suffer from a wide spread epidemic.—*Med. Record*.

Again Visited by Fire.

Kress and Owen, the manufacturers of that well-known produce Glyco-Thymoline again suffered the misfortune of loss by fire. On Monday night, October 14th, their office and laboratory

at 210 Fulton street was damaged by a small blaze and a large amount of water which the enthusiastic firemen poured in through every window in their building. Ample stock of Glyco-Thymoline carried in storage will supply all demands so there will be no interference with their output of Glyco-Thymoline.

A Crusade Against Feminine Smokers.

A Chicago lady has come to New York to inaugurate a crusade against cigarette smokers of her own sex, and has begun by asking the members of the Colony Club, the new woman's club in this city, to sign a pledge to abstain from all intoxicating liquors as a beverage and from the use of tobacco in any form.—*Medical Record*.

Protection for the Traveler.

The Pennsylvania State Board of Health may be so fond of sleep that its attention is most naturally called to the question of beds. A good sleeper may not need a good bed, but he nevertheless likes one. It has ordered that all Pullman car berths are to be provided with sheets of sufficient length to allow at least two feet (and they do not mean the travelers feet) being turned down over the blankets. When one considers the different people who sleep in these berths the value of the order can be appreciated. Every day there are a great number of invalids traveling, and many of them suffer from tuberculosis in its different stages. It

would be next to impossible for the company to provide clean bedding throughout, so the Pennsylvania State Board of Health asks that it do the next best thing—protect it with clean sheets.

Louisville, Ky., Oct. 28, 1907.

To the Graduates and Students of the Hospital College of Medicine, Medical Department of Central University of Kentucky:

Under the direction and by the authority of the Board of Trustees of Central University—the Medical Department—the Hospital College of Medicine, in Louisville, has been merged with the Louisville Medical College into one college, to be known and conducted under the name of the Louisville and Hospital Medical College, Medical Department of Central University of Kentucky. This action of the Board of Trustees was taken upon the recommendation and by the advice of the faculties of both the Louisville Medical College and of the Hospital College of Medicine. The agreement of both faculties was unanimous.

The splendid building hitherto occupied by the Louisville Medical College, at the corner of Chestnut and First streets, will afford lecture halls and laboratories, while the Gray Street Infirmary and the building of the Hospital College of Medicine will provide unsurpassed clinical facilities. The conjoined faculty will provide able and experienced teachers in all departments for the several grades and classes.

The purpose of this action is to so enlarge and perfect the facilities for medical instruction, that the college may be fully up to the most advanced requirements of the present age, and maintain in the future, as in the past, a high and honorable place among the

medical schools of America. Both colleges have a long line of honorable alumni, and it is in their behalf, as well, that this step has been taken. The Louisville and Hospital Medical College bespeaks their continued aid and co-operation.

P. RICHARD TAYLOR, M. D.

C. W. KELLY, M. D.

Associate Deans.

The next session will begin January 1, 1908.

A New Deposit of Radium?

A Swiss newspaper is authority for the statement that Prof. Joly, in examining specimens of the strata collected from the borings for the Simplon tunnel, found rich traces of radium, indicating large deposits of the mineral. The presence of the radium, he believed, accounted for the unusual heat experienced in constructing the tunnel.

Corrosive Sublimate.

It is said that much less pain is caused by solutions of bichloride of mercury when applied to mucous or raw surfaces if they are made up with normal salt solution instead of water.

"If you wish to kill a child who is sick with pneumonia close your windows, start the gas stove, burn a few gas jets, have plenty of friends in the room to help use the air and have the temperature of the room above 80 degrees F.—Northrup.

Grateful Patient—"Doctor, how can I ever repay you for your kindness to me?"

Doctor—"Doesn't matter, old man. Check, money order or cash."—*British Medical Journal*.

Sudden Death from Chloroform.

In *The American Medical Compound* for June, L. D. Clark discusses sudden death during chloroform anesthesia. Various causes have been suggested, such as fright, fear and anxiety, paralysis of heart and lungs, or of the vasomotor centers; while Houchard looks upon impuritieo in the chloroform as sometimes responsible. Clark attributes these sudden deaths to chemical reaction between the chloroform and ammonia, forming hydrocyanic acid, and he calls attention to the remarkable similarity in the symptoms of poisoning from this agent and the deaths from chloroform.

Reciprocity.

The Texas Courier-Record of Medicine says that a national medical license for practice is unconstitutional, the only remedy for the present condition of affairs lying in interstate reciprocity. We believe our contemporary is strictly correct in these conclusions.

Our House of Delegates.

Many of our county medical societies elect new officers during December, and in order that the business of our State Medical Society be done in the best possible manner at its next meeting in Winston, it behooves the various county societies to elect level-headed men to the House of Delegates. The majority of North Carolina doctors dislike wire-pulling and political methods and many of them go home from the meeting of the State Society disgusted at their indecent scramble for office and preferment that has gone on before their eyes.

Not all are aware that the wires are being pulled now. An effort is being

made in many counties to elect men as delegates who will vote to place in the president's hands the naming of the nominating committee, thus making it possible for the retiring president to name his successor, and fill all the other principal offices.

The society members who are in favor of having the officers elected by their House of Delegates and not by the president and his satellites should see to it that the delegate and alternate that they elect are men who favor majority rule, and who will stand firmly for the plan of electing the officers, either by vote in the house or by the house, and not the president, naming the nominating committee. See that you elect men who will represent *you* and have the good of the society at heart.

W. H. W.

Insurance Fees.

One evidence of the benefits of organized effort is seen in the re-establishing of the five dollar fee demanded by the profession on the part of several of the old line insurance companies. It only requires a firm adherence to the standard taken by the various medical societies to secure this just recognition of our claims by other companies now offering the three dollar fee. The profession is in the right in its demands, and it is a duty of every member to give his hearty support to the measure. No one can afford to do otherwise.

Infection.

In *The Medical Herald*, James Burke has an interesting paper upon infection, in the course of which he says: "By the proper correction of the intestinal toxins we cut short the supply from which most of the systemic leucomains derive their source."

Book Reviews.

A MANUAL OF CLINICAL DIAGNOSIS BY MICROSCOPICAL AND CHEMICAL METHODS.—For Students, Hospital Physicians and Practitioners. By CHARLES E. SIMON, M. D., Professor of Clinical Pathology in the Baltimore Medical College. Sixth edition, revised. Octavo, 682 pages, with 177 engravings and 24 colored plates. Cloth, \$4.00 net. Lea Brothers & Co., Philadelphia and New York, 1907.

The most important of all the changes in medicine during recent years is the diametrical alteration in the direction of its movement. Formerly experience, which is but a few degrees away from empiricism, was the pole-star, now science is the guide and will so remain. This statement is well exemplified by the subject of the present work, and by the history of the work itself. A pioneer in America, it passed through its early edition with a moderate demand, though there were no competitors. The advantages of exact diagnosis had to be brought to the attention of teachers and practitioners, and the best methods placed at thier command. As always, facilities had to be created and their value demonstrated before they could be appreciated and utilized. Such was the double service which may be justly credited in this country to Professor Simon's work. The subject became recognized as an essential both in college curricula and practice, and this work continued as its leading exponent for all classes of readers. The reason for its sweep is found in the author's peculiar qualifications for

grasping the subject from all sides, as he unites long experience as a clinician, a teacher and a specialist in laboratory work. Accordingly he is able not only to give the simplest and most certain methods, but also their applications to practice. The demand for successive editions has enabled Professor Simon always to keep it abreast of its most active department, so that it can be confidently consulted for the latest knowledge. This new edition (the sixth), for instance, has been thoroughly revised and a new chapter has been added upon the Opsonins, a subject of recent and great importance, wherein will be found a clear explanation of the theory and the best technique. The work is amply illustrated and is a volume of about 700 pages. We quote from the author's prefix to this, the sixth edition:

In preparing the sixth edition of the *Clinical Diagnosis* the author was confronted with an important problem. A great deal of new material had to be introduced, but the size of the volume, which had steadily grown within the ten years of its existence, could not be exceeded. It was accordingly necessary to go over the entire work carefully and to cut out everything that was not of clearly practical value, to condense, and to rewrite. The amount of labor involved was considerable, but the object has been, it is hoped, satisfactorily achieved.

The chapter on the Blood has been further enlarged and brought thoroughly to date. Every page in the work has undergone a radical review. A new chapter on the Opsonins has been in-

troduced, in which the subject-matter has been conservatively and, it is hoped, fairly presented; full details are given regarding the technical portion of the subject, in which the writer's experience as a pioneer worker may prove of value.

Two appendices have been added. The first deals with the preparation of culture media, and may prove of service to teachers who use the book not only as a text-book of clinical diagnosis, but also as a guide to the student's work in bacteriology. The second represents an outline of a course in clinical microscopy in many of our medical schools, in which the subject is steadily growing in importance. The "course" is based upon the work which the writer has conducted for post-graduates during the past ten years in his own laboratory, and is designed to be thoroughly practical and comprehensive.

Simon's Clinical Diagnosis has been adopted as a text-book by many, perhaps most of the medical schools of this country, and is justly regarded as the leading book of the class.

THE INTERNAL SECRETIONS AND THE PRINCIPLES OF MEDICINE by Charles E. de M. Sajous, M. D., Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, the Academy of Natural Sciences of Philadelphia, etc.; Knight of the Legion of Honor and Officer of the Academy of France; Knight of the Order of Leopold of Belgium, etc.; formerly Lecturer on Laryngology in Jefferson Medical College and Professor of Laryngology and Dean of the Faculty in the Medico-Chirurgical College; Formerly Professor of Anatomy and Physiology in the Wagner Institute of Science, Volume

Second, with Twenty-five Illustrations. Published by F. A. Davis Company, Philadelphia, Pa.

The first volume of this noted work appeared in January, 1903, and in it

the author stated that the second volume would appear in a few months. Delay in bringing out this second volume was rendered unavoidable by the combined influence of several happenings, not the least of which was the lack of interest in the theories advanced in the first volume on the part of physiologists, pathologists and others engaged in original investigation, thus forcing the author to continue his investigations alone and almost unaided.

The need of these investigations he deemed imperative owing to the status of medicine. Osler's public declaration which appeared in *The New York Sun* January 17, 1901, regarding the "action of drugs of which we know little," though we put them into bodies the action of which we know less, involves the sweeping conclusion that our ignorance applies to disease as well as to therapeutics and challenges our right to accept the confidence which suffering humanity places in us. The author states that his aim now, as it was when "Internal Secretions" was first projected, is to indicate that which appears to him to be the main cause of the deplorable state of practical medicine of our day, and if possible, to eliminate it. He calls attention to the fact that the great function of nutrition is not understood, quoting the able physiologist Benjamin Moore, who wrote, "Little is known regarding the chemical nature of enzymes, because all attempts to isolate them have failed." Also he mentions that Halliburton recently said, "The process through which the digested food-stuffs are absorbed from the elementary canal is quite as obscure." Howell is also

quoted as saying, "The energy that controls absorption resides in the wall of the intestine, presumably in the epithelial cells, and constitutes a special form of inhibition which is not yet understood." Howell is also mentioned as saying, "The form in which proteid is absorbed remains a mystery."

The text books on physiology teach that food-stuffs are taken up by the blood, but Mendel states that "Beyond the intestinal wall, in the blood and lymph stream, the cleavage products seem, for the most part, to be missing."

Taking these quotations and others as his text, Sajous states that "The problem of nutrition is evidently no more solved by the physiologists than those of respiration and metabolism (to both of which he paid his respects in a manner similar to that of nutrition by quoting from authorities). The consequences (of this lack of knowledge) to us is deplorable. Asiatic cholera, typhoid, infantile diarrhoea, etc., are closely related with all intestinal functions, and in absorption lies the keynote to general infection. How can we possibly obtain, a clear conception of all these dread diseases with such a foundation as physiology (as now taught) affords us!"

The gifted and indefatigable author speaks further in regard to the short-coming of physiology and then emphasizes a feature merely suggested in the first volume, viz., "That their failure to explain the many functions referred to is due to the fact that they have overlooked the cardinal function of the organs to which I have given special attention; the adrenals, the thyroid, the pituitary body and the leucocytes."

To give the reader some idea of the scope of this work we append a table of contents and indicate the number of pages devoted to each item. The text

gives evidence of the most pains-taking work in the collection of data on which to base the conclusions reached by the author, or at least hints at conclusion that more exhaustive studies may prove or disprove.

One thing seems clear to the reviewer: The ideas advanced by the author are of such a character and he has collected such an array of observations to prove his theories that no physician who desires to keep himself informed can afford not to read this work carefully:

Table of Contents.

Chapter XIII—Pages 801 to 850.

The Secretions of the Adrenals in Respiration.

Chapter XIV—Pages 851 to 884.

The Adrenal Active Principle as the Ferment of Ferments.

Chapter XV—Pages 885 to 941.

The Adrenal Active Principle as the Dynamic Element of Life and the Granulations of Leucocytes as the Living Substance.

Chapter XVI—Pages 960 to 1008.

The Pituitary Body as Governing Centre of Vital Functions.

Chapter XVII—Pages 1020 to 1099.

The Leucocytes, Pituitary, Thyroid, Parathyroids, and Adrenals as the Fundamental Organs in Pathogenesis, Immunity and Therapeutics.

Chapter XVIII to XXII—Pages 1113 to 1388.

The Internal Secretions in their Relations to Pharmacodynamics.

Chapter XXIII to XXXII—Pages 1389 to 1807.

The Internal Secretions in their Relation to Pathogenesis and Therapeutics.

THE REFRACTION OF THE EYE, a Manual for Students by Gustavus Hart-ridge, F. R. C. S., Senior Surgeon to the Royal Westminster Ophthalmic Hospital; Ophthalmic Surgeon and Lecturer on Ophthalmic Surgery to the Westminster Hospital; Consulting Ophthalmic Surgeon to St. Bartholomew's Hospital, Chatham, and to St. George's Dispensary, Hanover Square, etc.; with One Hundred and Five Illustrations. Thirteenth Edition. P. Blakeston's Son & Co., Publishers, Philadelphia.

Hartridge on Refraction! Who among medical men has not heard of this book? In January, 1884, the author wrote the preface to the first edition of the book that was destined to become, because of its merits, the most popular of its class. The book is now in its thirteenth edition, the previous edition of 3,000 having been exhausted in a very short time. The author has the ability to briefly and clearly state the main facts concerning his subject with which the student and practitioner should be familiar, and his having done so in preparing this volume explains its popularity. For the purpose of this review it is sufficient for us to say that tens of thousands have obtained a working knowledge of refraction from a careful study of this work.

In preparing this edition this work has been carefully and fully revised, thus keeping the book fully abreast with the times.

SECOND REPORT OF THE WELLCOME RESEARCH LABORATORIES AT THE GORDON MEMORIAL COLLEGE, KHARTOUM, AFRICA. by Andrew Balfour, M. D., B. Sc., F. R. C. P. Edin., D. P. H. Camb, Director.

It will be recalled that there has been established at Khartoum a college in

honor and in memory of the illustrious General "Chinese" Gordon.

Functions of the Wellcome Research Laboratories Gordon Memorial College, Khartoum.

(a) To promote technical education.

(b) To promote the study, bacteriologically and physiologically, of tropical disorders, especially the infective diseases of both man and beast peculiar to the Sudan, and to render assistance to the officers of health, and to the clinics of the civil and military hospitals.

(c) To aid experimental investigations in poisoning cases by the detection and experimental determination of toxic agents, particularly the obscure potent substances employed by the natives.

(d) To carry out such chemical and bacteriological tests in connection with water, food stuffs, and health and sanitary matters as may be found desirable.

(e) To promote the study of disorders and pests which attack food and textile producing and other economic plant life in the Sudan.

(f) To undertake the testing and assaying of agricultural, mineral and other substances of practical interest in the industrial development of the Sudan.

This report is a handsomely printed volume of about 160 pages well illustrated, many of the illustrations being colored from life, and deals principally with the causes of diseases largely peculiar to the Soudan. The work of this college must already be of vast benefit to this and other sections of Africa. Its scope can perhaps be better understood from a statement of its table of contents than by anything else we can say:

Mosquito Work in Khartoum and the Anglo-Egyptian Sudan Gen- erally	Page 15
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	Page
Biting and Noxious Insects other than Mosquitoes	29
On Some Blood-Sucking Diptera from the Anglo-Egyptian Sudan Collected During the Year 1905, with Descriptions of New Species	51
A Second Report on the Mosquitoes or Culicidæ of the Sudan..	67
Human and Animal Pests	83
Vegetal Pests	93
A Haemogregarine of Mammals..	97
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Changes in the Erythrocytes of the Jerboa	111
Trypanosomiasis in the Anglo-Egyptian Sudan	113
Routine Work	173
Miscellaneous Notes	179
Report of the Travelling Pathologist and Naturalist	183
Report of the Chemical Laboratory	205
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Thus we see that the work done by our own heroic physician-investigators in Cuba in relation to yellow fever is being duplicated on a larger scale by our cousins across the water and the results are certain to result in good to the race.

PROGRESSIVE MEDICINE, VOL. III, SEPTEMBER, 1907.—A quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 290 pages, with 15 engravings. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to

any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

To keep up with the times—to seize the discoveries of each day and week as they come—to go on the crest of the advancing tide—where others drift—to do all these in the medical world of to-day demands incessant reading and tireless memory, and so vast is the field, so many the workers, so active are they that without the help of such publications as *Progressive Medicine* it would be well nigh impossible.

This volume is made up of four major articles, each of which aims at condensing in itself all the recent work pertaining to its subject, and gives us in an hour the digested information that it would otherwise take months to acquire. In each the wise selection and arrangement brings out forcibly, to eye and mind, what might actually be obscured by a wider and more diffuse view.

Dr. William Ewart's article on "Diseases of the Thorax and Its Viscera, including the Heart, Lungs and Blood-vessels," contains an epitome of recent work on Tuberculosis, valuable especially since the whole subject is so unsettled—the views of the workers so diversified, and some of their discoveries so radical in effect, if true, that not to keep up with them is to lose one's hold on modern medical life.

Dermatology and Syphilis, by William S. Gotthell, M. D., begins with a list of don'ts, that prove to be mostly do's, but are just as useful. The author remarks on the great change that has taken place in the last year in the attitude of the X-ray students in dermatology. The tendency, he says, is to limit the sphere of the X-rays more and more, and to realize its perils. Considerable space is devoted to Tryp-

sine. Some of the minor subjects of the article are Dermatitis Vegetans—Endothelioma of the Skin—Feigned Eruptions—the hair in disease—the diagnostic and prognostic value of Herpes, in which last subject the reader will, we think, find much that is novel. Affections of the nails give us another very useful topic, and in the section on syphilis all the new work will be found. The prophylactic use of mercury locally is strongly advocated by the author. The article has many illustrations.

Obstetrics by Dr. Edward P. Davis.

Perhaps there is no subject on which it is more difficult to write anything really new than obstetrics, but Dr. Davis has succeeded in giving the reader a true monograph—actually modern—the core and soul of obstetrics with the old scales and skin removed and the old, though necessary and important bones of the study ignored—since every text-book has them. Here we find all of that material which everyone does not know, but should know—the added wisdom of recent years and recent experience. This article alone covers over 100 pages.

Diseases of the Nervous System, by Wm. G. Spiller, M. D., concludes the volume. Brain Tumor — Jacksonian Epilepsy as a sign of brain tumor—exophthalmos with brain tumor—are some of the topics. The section on aphasia discusses the views of Marie and Dejevine. Under "Dr. Weisenburg's study of the situations of lesions causing conjugate deviations of the eye," his conclusions are given in full. A summary of the study of reflexes made by Walton and Paul should also be noticed. In short, the reader of this volume, though he has kept himself in accord with the medical lit-

erature of the day, cannot fail to find much which is new to him and much that will be valuable to him in everyday work.

ELECTRO THERAPEUTICAL PRACTICE---

A ready Reference Guide for Physicians in the use of Electricity. Fourteenth Edition. Revised, Re-written and greatly enlarged. By Chas. S. Neiswanger, M. D., author of "Suggestions in Electro Therapeutics," Professor of Electro Therapeutics, Post Graduate Medical School of Chicago, Prof. of Electro Therapeutics Illinois Medical College; President Illinois School of Electro Therapeutics, etc. Richie and Co., Chicago, Ill. Price \$2.50.

This little hand-book of two hundred and seventy pages is just what it claims to be—a ready reference guide in the use of electricity. Fourteen editions of a book, each one practically re-written, to keep abreast of the subject with which it deals, speaks volumes for both the work and its author. This work does not pretend to go as deeply into all the details of electro therapeutics as do the more pretentious books, but it does give in a nut-shell, and in terse, concise language the most advanced up-to-date (issued in 1907) information in regard to the questions it has been our fortune to examine. The subject is treated from the standpoint of a teacher, taking up electricity in its simplest forms and giving to the student only the well settled principles, with many hair-splitting discussions of theories.

Every user of electricity in the practice of medicine will find this little volume a most useful addition to his library.

THE READY REFERENCE HANDBOOK OF DISEASES OF THE SKIN.—By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York; Consulting Dermatologist to the Presbyterian Hospital, New York, and to the New York Infirmary for Women and Children; Member of the American Dermatological Association and of the New York Dermatological Society. With 91 Illustrations and 3 Plates. Fifth Edition, thoroughly Revised. Lea Brothers & Co., New York and Philadelphia.

The treatment of diseases of the skin constitute quite a large part of the work of the practitioner, hence he should be well equipped for the work and his library should be kept up-to-date. This volume is intended to present the Art of Dermatology as it now exists, and the recurring demands for a new edition—this being the fifth—not only indicates the popular esteem of the book, but affords opportunities for bringing the subject matter up to date. In this volume of nearly 700 pages, symptomatology, diagnosis and treatment have been specially considered and the various diseases are arranged alphabetically. In the edition new sections have been added, also eleven admirable illustrations from photographs. The paper is good, the print clean and the binding in keeping.

EYE, EAR, NOSE AND THROAT NURSING.—By A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With

32 Illustrations. Pages XVI-318. Size, 5 1-2x7 7-8 inches. Extra Cloth. Price, \$1.25 net. F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia.

The principles of cleanliness, care and attention in the treatment of diseases of the eye, ear, nose and throat are splendidly brought out in this book. The object of the book is to teach the attendant in these cases how to prepare a patient for operation, how to assist the operator, what to do following operation and when to do it and in every way make plain the different things to be done by the nurse in the different operations in this special branch of work. The fact that the subject is limited to this one specialty is enough to indicate that the contents of the book are limited of course to the same subject. It is a volume of over 300 pages and will be found very valuable to those engaged in this specialty.

GENITO-URINARY DISEASES AND SYPHILIS, by Henry M. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 half-tones and photo-engravings, and 7 full-page copper plates. Second Edition, Revised and Enlarged. F. A. Davis & Company, Publishers, Philadelphia, Pa.

Morton's "G. U." has made a place for itself. In the last fifteen years great progress has been made along all surgical lines, but no branch can record greater advances than genito-urinary surgery. The treatment of acute and chronic gonorrhoea has changed markedly in this time, and is now on a scientific basis with results

that are gratifying alike to surgeon and patient. This is largely due to the development of a knowledge of the cause of the disease and its pathology.

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The present status of Genito-Urinary diseases and syphilis is presented in concise and readable form, and the questions of diagnosis, prognosis and treatment are presented in such a manner as to be clear and helpful to the general practitioner.

A HANDBOOK OF CUTANEOUS THERAPEUTICS, by W. A. Hardaway, A. M., M. D., Professor of Diseases of the Skin and Syphilis, and Joseph Grindon, Ph. B., M. D., Professor of Clinical Dermatology and Syphilis in Washington University, St. Louis, Mo. 12mo. 606 pages. Cloth, \$2 75. net. Lea Brothers & Co., Philadelphia and New York, 1907.

Skin diseases have often been considered the most obstinate and refractory of human affections, a condition largely due to former imperfect knowledge of their pathology and the consequent absence of guidance since obtained by following that natural path to the light. Modern research has been as productive here as elsewhere, and the therapeutics of dermatology is no longer among the opprobria of the

profession. This is evidenced by the appearance of a separate volume devoted exclusively to the treatment of skin diseases. Coming as it does from the pens of such authorities as Professors Hardaway and Grindon, it will be accepted at once not only by specialists as the latest word, but also and more particularly by the profession at large, to whom the great majority of such patients apply for treatment.

VISITING & POCKET REFERENCE BOOK (Perpetual) 1906, J. H. Chambers & Co., Publishers, St. Louis Mo.

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Everybody's for December, 1907.

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governmental conditions, his observations and conclusions profoundly interest the people. Hence the great sale of his book, descriptive of men and things seen during his noted tour around the world and through the Nations. It is vitalized by 251 artistic engravings, from photographs taken by him or under his supervision, representing men, places and things that interested him and that specially interest every American reader. It is a most unique presentation of a wonderfully interesting journey that has caught the attention of the people, and met with great demand. It is sold only through soliciting agents.

The Thompson Publishing Company, St. Louis, Mo., are the fortunate publishers. They advertise for agents in another column of this issue.

Every case of typhoid fever is an evidence of the benighted state of the civilization in which it occurs, and of the inefficiency of the government.

The school play ground should be not only a place for recreation from the fatigue of study, but a positive factor in education, in many instances superior to the school room method.

The history of medicine is full of announcements of cures and systems of cures, that have in most instances been relegated to rubbish heap by the test of time. After all we have but few if any specific. The practice of medicine is still difficult and oftentimes discouraging, but our best therapeutic friends are the old-time honored drugs.

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Surgical Suggestions.

In tabetic persons fractures may result from apparently slight causes. Hence the importance of careful examination for fracture even in trivial injuries of the extremities.

A tender point midway between the umbilicus and the costal cartilage of the ninth rib indicates the existence of gallstones or cholecystitis. According to Abrahams this is pathognomonic.

Wide incisions, thorough drainage and prolonged soaking of the hands in hot antiseptic solutions are three important measures in the successful treatment of palmar abscess.

Before doing a urethrotomy always determine the condition of the kidneys, and abstain from operation unless urgently demanded whenever evidences of renal disease exist.

The injection treatment of hemorrhoids gives the best results in persons whose external sphincter is more or less relaxed and offers no marked resistance to gradual dilatation, so that the hemorrhoids can be easily exposed.

In cases of fracture of the patella, with effusion of blood into the joint and injury of the articular structures, immediate operation is indicated, as procrastination may mean the loss of limb or, at best, permanent impairment of the function of the joint.

If a woman whose appendix has been removed continues to complain of pain and discomfort in the right side, there is reason to suspect inflammatory disease of the right ovary and tube. Hence the importance of determining the con-

dition of these organs in the course of every operation for appendicitis.

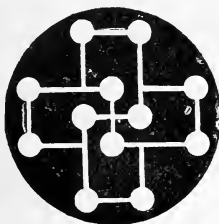
In cases of foreign bodies in the esophagus the efforts to dislodge them with instruments should not be continued too long, as the injury of the mucous membrane which may result from their prolonged use greatly increases the risk of any subsequent esophagotomy, and prevent immediate closure of the wound, which can be done if the tissues remain sound.—*International Journal Surgery*.

If the urine clears up during night in the course of a severe posterior urethritis, be on the watch for epididymitis.

Rectal polypi in children sometimes grow to a large size before producing marked symptoms; and their presence may be only suspected when they become strangulated and give rise to severe pain.

In cases of suspected erysipelas about the wrist or knee, be on guard against the possibility of the redness and edema being due to an acute osteomyelitis. Gentle pressure with the fingers will give marked tenderness in osteomyelitis, while this will be absent in erysipelas.

Painful mammary tumors sometimes occur in the breasts of anemic young women, and especially those suffering from menstrual disorders. They are usually well beneath the surface, circumscribed, and of an adenomatous character, and should not be mistaken for beginning malignant growths.



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are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions "made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics.*

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If during an acute gonorrhea the epididymis becomes inflamed, with marked enlargement and stony hardness, very little pain and no chills or fever, it is justifiable to suspect tuberculosis of the epididymis. Examination in these cases will often show that the prostate and seminal vesicles on the corresponding side present the same characteristics as the swelling of the epididymis.

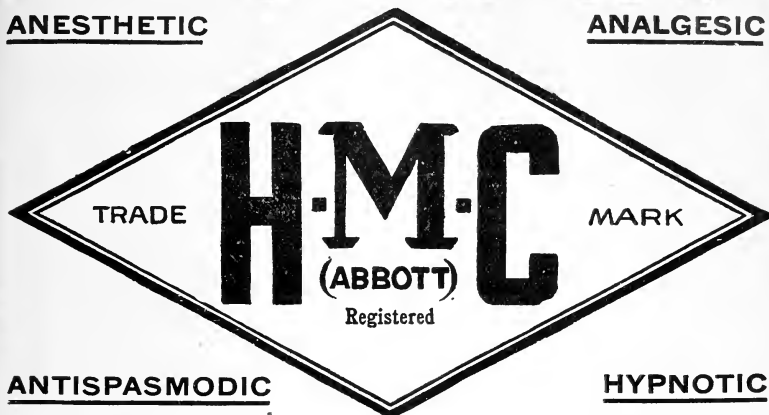
In cases of whitlow affecting the thumb or little finger there is always risk of extension of the inflammation up the hand and arm, while this is much less liable to happen if the index, middle or ring fingers be involved. The reason for this is that there is a direct communication of the serous sacs with-

in the flexor tendons of the thumb and little finger with the large serous sacs lying beneath the anterior annular ligament. Hence the importance of early incision in suppurative tendo-synovitis of these fingers.

In gonorrheal rheumatism never neglect to examine the urethra, even if the patient denies the presence of a discharge. Massage of the prostate and seminal vesicles will often reveal the presence of gonococci, which through their toxins give rise to the inflammatory process in the joint. Until the gonorrheal process in the urethra and prostate has been eradicated, there is always a chance of recurrence of the arthritis.

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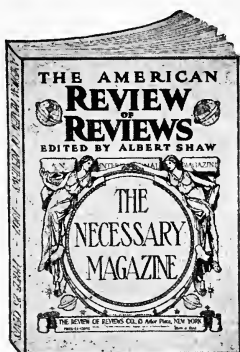
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Selections from Our Exchanges.

A Further Study of Perforation of the Bowel in Typhoid Fever.

Continuing his study of this subject, J. A. Scott, M. D., presents the following conclusions:

Perforation of the bowel in typhoid fever is more common than is generally supposed, occurring once and a trifle over in every three deaths.

The most common time of perforation is between the fourteenth and twenty-first days. In 92 per cent of the cases in this series the perforation occurred between the second and fifth week inclusive. The earlier cases are probably perforation in a relapse; now and then perforation may occur without evidence of previous illness.

Perforation occurs in cases of all grades of severity, from the ambulatory to the hemorrhagic type. It is most common in those with moderate (25 per cent.) and severe (50 per cent.) infection (75 per cent.). It is more common in the hemorrhagic than in the mild cases (10.8 per cent. to 8 per cent.).

The ileum is the common site of perforation (88 per cent.; the majority occur within twelve inches of the ileo-cæcal valve; the appendix and colon, respectively, are the next most frequent sites of perforation in this series of cases.

Pain of some kind is present in 75 per cent. of all cases. In 50 per cent. of the cases the onset is sudden and severe and of increasing intensity, localizing itself to a special zone. In 20 per cent. of the cases the pain is of slow onset, not localized, with general

distribution. In some cases (12 per cent. of this series) no pain is complained of, and the usual symptoms of perforation are absent.

Tenderness and rigidity are present in from 75 to 65 per cent., respectively, of all cases, and are usually combined; in some cases either one or the other may be wanting; rigidity especially may be absent in cases with rather a pendulous and relaxed abdominal wall.

When perforation is suspected the temperature should be taken every hour; only by this means can the immediate rise and slow fall to normal or subnormal which often occurs be detected; in some cases, and especially those of extreme toxicity, no noteworthy change at all in the pulse, temperature, or respiration can be detected when perforation occurs. Diagnosis is then only an inference.

Distention (if absent during the course of the disease and at the time of suspected perforation) is a late symptom of perforation. The obliteration of liver dulness is not a reliable sign of perforation.

The study of the leucocytes is of little aid. In a few cases their increase is such as to assure you of your diagnosis. In a considerable number of cases there is a decided reduction in leucocytes after symptoms of perforation. Differential counting is not of practical use.

Before being assured of our diagnosis right sided pleurisy, pneumonia (especially in the young), cholecystitis, acute gastrointestinal indigestion, femoral and iliac thrombosis, appendicitis, peritonitis without perforation, cystitis,

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rupture of a mesenteric gland, or even hemorrhagic exudation into the abdominal muscles (Zenker's degeneration) should be considered. Even then mistakes in diagnosis will be made.

While nature will infrequently close one, two, or even three perforations, the only rational procedure when perforation occurs is operative interference. No case is too desperate for the attempt. Not infrequently the so-called mild cases succumb, while very ill ones recover.

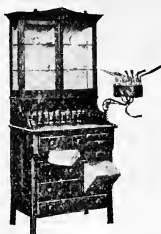
The diagnosis made, time for operation has arrived; its important point is rapidity. Closure of the perforation and drainage is all that is needed; fifteen to twenty minutes should suffice.—New York Medical Journal, February 9th, 1907.

Ohio's Stride Forward.

Ohio is a big State in some respects and the directors in the State Medical Association in August last laid plans for big things in the way of medical legislation. The profession here is well organized, and the campaign outlined by the Legislative Committee in conjunction with the Committee on Public Policy is one that can be executed by well directed and concentrated effort. We sincerely trust the measures proposed will be successfully carried through. If so it will be another evidence of what the profession can accomplish by organization.

The next Legislature of the State will be asked to enact laws to regulate the manufacture and sale of proprietary medicines; create county health officers; in re. criminal abortion; prevent advertisements for cures

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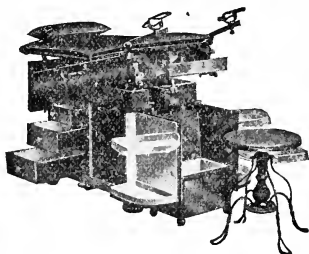


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for venereal and sexual diseases; registration of vital statistics; city boards of health on merit system; public health officers to be nominated by State and County Medical Society.

Perhaps the most important feature of the campaign—one at least to my mind possessed of the greatest possibilities for the accomplishing of the ends in view—is the independent duties assigned each committeeman to perform through local and county societies. These duties are summarized in the *Cleveland Medical Journal* (editorial) as follows:

1. The enforcement of the provisions of the medical practice law by keeping a roster of all medical practitioners in the county (a card index box being furnished free by the State Medical Board for this purpose) and instituting prosecution of all unregistered practitioners (and mid-wives) by reporting names and evidence to the Secretary of the State Medical Board.

2. Giving aid to the State Medical Board in the revocation of licenses of practitioners who are guilty of fraudulent advertisement in the public press. See Resolution of the Board in August number of *State Medical Journal*, pp. 87.

3. Identification and patronage of ethical pharmacists by members of the County Medical Society.

4. Condemnation of "proprietary medicine journals" by resolution of medical societies providing that each member should return sample copies to publishers and that further patronage of such journals by subscription be discouraged.

5. Giving aid to local sanitary organization by looking to the proper appointment of officials and insisting upon efficient sanitary administration by the proper reporting of cases of communi-

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cable diseases, as required, and by exacting that the public health service be free from political influence and in accord with the advance of sanitary science.

6. Support of those candidates for Prosecuting Attorney and Police Judges who will serve best the needs of the profession and public policy by vigorous defense of medical and sanitary laws.

7. Measures adopted by county societies to condemn the mention, in the public press, of the names of physicians and surgeons in connection with professional service; and, requests of editors of newspapers to omit such mention from their news columns. This movement is in relation to number two of this series and with number four of the first series.

8. Distribution of copies of the Great American Fraud by members of Coun-

ty Societies, to their patrons and the general public.

9. Medical inspection of schools by voluntary service in cities where such inspection is not provided by municipal authority, as exemplified by the Montgomery and other County Medical Societies. This is suggested as a public and human duty, being educative and preparatory to official action in a most important branch of the public health service.

10. The improvement of the public milk supply, through the efforts of commissions appointed by County Societies, is an appeal to the humane, as well as the business, instinct of the more likely dairymen to furnish "certified milk" (for infant feeding especially) under conditions and dairy rules prescribed by the commission in charge. The commissions should arouse public sentiment by publishing the truth about fam-

ily dairies and dirty milk, educate the people through newspaper co-operation and stimulate official inspection by veterinary standards.

The State Association has appropriated the sum of \$1,000 for legal advice, travelling expenses of committee-men and other expenses incident to the prosecution of the work. As this is inadequate to the demands the Council of Cleveland Academy of Medicine has undertaken a movement towards raising a sum of \$10,000 for these measures and the defeat of measures that may be proposed inimical to public health, to be placed at the disposal of committees on Public Policy and legislation.

Dispensing.

McKee gives some valuable advice as to what remedies the doctor should dispense (*Am. Clin. Med.*). One should always be at hand for relief of pain, emptying stomach and bowels quickly, checking hemorrhage, and for heart affections. For obstetrical practice, sealed tube of aseptic ergot, morphine, and tablets of morphine hyascine and cactin. Apocodine hydrochloride hypodermically will quickly empty the bowels. Confidential cases, as emmenagoges, syphilis, gonorrhoea, should be treated without the aid of the druggist. Habit forming drugs should always be dispensed by the doctor. Druggists do not generally pay much attention to a *non repetatus*.

Pecuniarily it is well for the doctor to keep on hand a few of the staple drugs in daily use, pills for constipation, tonics, coal tar preparations, throat lozengers, etc.

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tended by the hand of the physician and more potent than a written prescription.

The general practitioner should keep on hand remedies for the relief of severe pain, emptying the stomach and bowels quickly, antidotes to carbolic acid and a few of the more frequently used poisons; heart stimulants, aromatic spirit of ammonia, strychnine, nitroglycerin, amyl nitrite, and alcohol, if to hand, are at times, and under urgent circumstances, worth their weight in gold.

The general practitioner should neither dispense nor prescribe exclusively, but adhere to the happy medium, doing part of each, as best for both patient and himself.

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Castration Instead of Lynching.

When lynching overrides the law it is a stain upon the fair name of any State in which it occurs; it is not only a disgrace to the community, but it also establishes a precedent. In several of the States lynching has been used as a remedy in cases of criminal assault upon women. A revolting crime of this character should meet with severe punishment, but to violate law by lynching makes an additional crime in which a large number of people participate. The sober judgment of every one, it seems, should be to uphold the law, and it is difficult to see how good citizens can do otherwise. But suppose that lynching is considered justifiable, if it does not prevent crime, but on the contrary encourages it, it is worse than a failure. That it has failed there seems to be no doubt. The epidemic of criminal assault and lynching throughout the South has been made the text for an editorial in *The Atlanta Journal-Record of Medicine*. The editor says that the proper remedy is not being utilized in punishing the rapist, instead of having a deterrent effect it makes matters worse. The vicious class who commit these assaults seem to be under the impression that it is not a criminal who meets death but a martyr, and the same character of crime is again committed within a week after a lynching. The *Journal Record* further says that in some instances the crime is committed with such brutality that nothing short of immediate death seems sufficient punishment. If, however, by a lynching we increase the danger of other women, should we not hesitate and devise, if possible, a remedy which, instead of making a temporary hero of the negro, will make of him a living example of the punishment to be meted

E. H. HAZEN, Ophthalmologist.

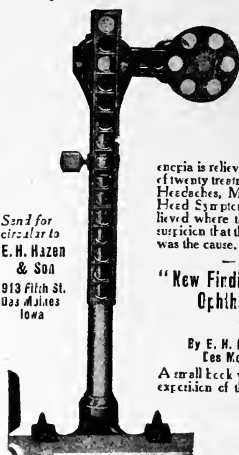
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out to all who thus attempt to gratify their bestial lust?

So intense is the animal passion of the negro that to be deprived of his sexual power would of necessity make him an object of ridicule and contempt among them.

In animal life we see clearly in the tractable gelding, the castrated mule, the ox, the capon, and in fact, in all animals and fowls, the effect of castration. In man, except in very rare instances, sexual power is lost by the removal of the testicles, and along with it he becomes docile, quiet and inoffensive. After castration his disgrace would be lasting in its moral effect.

To persuade an incensed mob that such punishment is preferable to lynching would be difficult until they could be shown the effect of emasculation, and that the negro would rather be

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hanged than to be deprived of sexual power so dear to him.

The kuklux klan, recently agitated, could be very useful in taking charge of these affairs in a regular way, and in assuring the frenzied friends that a punishment worse than death will be inflicted. The identity of the criminal could be ascertained by an orderly trial by the klan, and in this manner avoid punishing an innocent negro, as is often done in lynchings. The trial could be made more or less mysterious and impressive, for the negro stands in great awe of mysteries. This was clearly shown in Atlanta last winter by the belief among the negroes that there was a black wagon driven through the streets at night to capture subjects for the dissecting-rooms of the medical colleges. Absurd as is the idea, it made a profound impression upon the negroes and even those more or less intelligent were afraid to venture out on the darker streets at night.

An impressive trial by a ghost-like kuklux klan and a "ghost" physician or surgeon to perform the operation would make of it an event the "patient" would never forget, or cease to talk about and enlarge upon. This would do away with the martyrdom effect of lynching as well as the demoralizing results of mob law. The badge of disgrace and emasculation might be branded upon the face or forehead, as a warning, in the form of an "R" emblematic of the crime for which this punishment was and will be inflicted.

As long as many of the negroes believe, regardless of the revolting character of the crime, that lynchings are the result of race prejudice, this mode of punishment will only incense them and aggravate the condition. Certain of them think that their cause will be strengthened by these (according to

them) martyrs, just as the Christian church spread more rapidly after the persecution by Nero.

All will admit that lynching is not only a failure, but that it is dangerous. Castration in no particular could be worse.

In the Virginia Medical Monthly for January, Ewell makes a plea for castration to prevent criminal assault, and says that lynchings have failed in their great object, namely, to prevent a repetition of the horrible act. He says that crime is on the increase and that in the South the number of criminal assaults upon women have within the last year been more than double what they were before in the same length of time. It is evident from the position taken by these gentlemen and others that lynching does not prevent the number of criminal assaults, hence here is every reason why men should obey the law, especially when the method adopted by them seems to increase rather than prevent crime. There should be a punishment to meet the crime, not only a punishment to the individual but one that will deter others from assaulting women. Thus far the problem has been unsolved and perhaps emasculation is a key to the situation. — Central States Medical Monitor, February, 1907.

The Diagnosis Between Duodenal Ulcer and Gall Stone Disease.

After considering this subject, Christopher Graham says:

That pain in cholecystitis is sudden and severe, usually has a wide field of radiation, comes with no regularity as to time, is rarely caused by food and as rarely eased by it, nor does the patient often trace his distress to it. There

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is no stomach history between the short sharp attacks; spasm of the diaphragm with dyspnea is common, vomiting and gas, if present, are so only during the colic, and the relief from eructation and vomiting is not so marked as in ulcer. Nausea and intense retching may be followed by vomiting of a small amount of thin, yellowish, bitter liquid mixed with mucus.

In duodenal ulcer pain comes in periods of attack lasting for days or weeks, is often sudden, may be severe, yet usually not that intense type of pain met in gallstones, but rather gnawing and burning in character. It may be irregular as to time of the separate attacks, but regular during the period of the stomach disturbance. The pain is clearly related to food, the intensity often modified by kind and quantity taken. Food eases for a time, the pain returning from 2 to 4 hours later. Hot drinks, soda and irrigation give relief. Spasm of the diaphragm is rarely seen except in some cases of perforation.

The chronic gallstone case, with impacted stone, ulceration and adhesions in which no jaundice appears and the stomach symptoms as gas, vomiting, burning distress, sour eructation, impaired appetite and dilation predominate, and the pain is moderate and follows food, will too often be diagnosed ulcer; while the duodenal case, in whose early history we can elicit only irregular attacks of sudden, sharp, intense pain of peritonitis or acute spasm (and with no obstruction or hyperacidity) we do not have gas, vomiting or sour eructations, will as surely be mistaken for gallstones.

To the conceits of surgery we shall too often be obliged to leave the differentiation of this class of cases and to its comprehensiveness the surety of re-

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lief.—Journal A. M. A., February 9, 1907.

Authority in medicine, as in science, does not exist. No man in science is justified in claiming aught that will not be supported by control experiments. "Authorities" are men who have written text-books, most of which are antiquated when they appear, and most of which are published through favor. For this reason the courts will not receive any book as authority, regarding it as a mere expression of individual opinion. The scientific spirit of the day disclaims as false and misleading authority which will not submit to test and criticism of its truth.—Butler.

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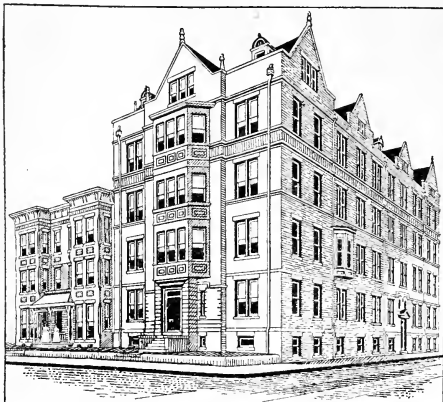
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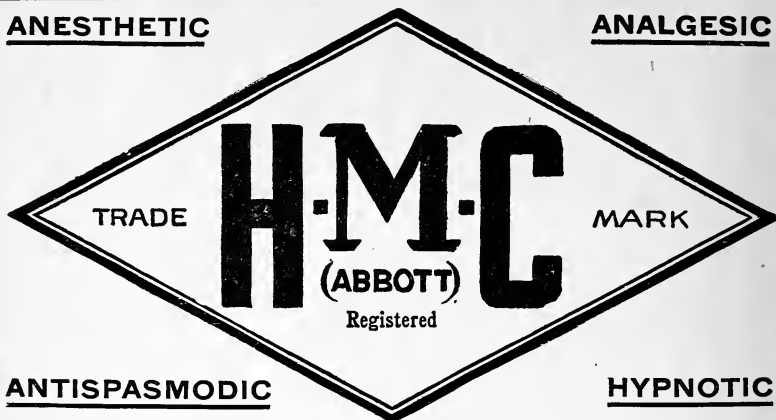
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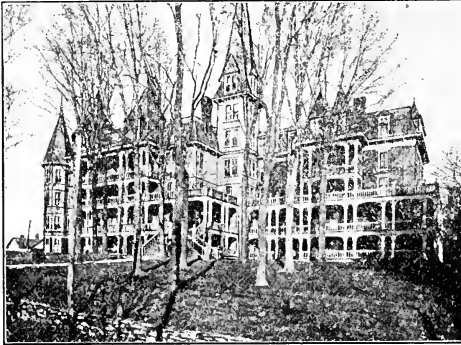
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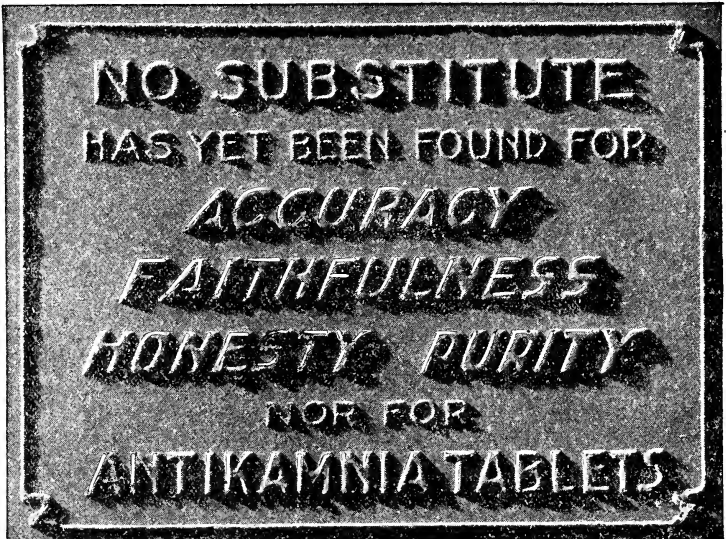
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Original Communications

EDMUND STRUDWICK* SURGEON.

(By H. A. Royster, A. B., M. D., Raleigh, N. C.)

The most heroic figure so far recorded in the medical annals of North Carolina is Edmund Strudwick, of the County of Orange. His character, his work, his life and his death were each marked by courage of the supreme type. His was a masterful mind,—and with it there was a physical earnestness and a moral heroism scarcely to be surpassed. Edmund Strudwick was born in Orange County, North Carolina, on the 25th day of March, 1802, at Long Meadows, about five miles north of Hillsboro, the county seat. His lineage was ancient and long-established in the community, his father being an important political factor and

distinguished for those qualities which afterward graced his son.

Doctor Strudwick received under the famous Bingham, the elder, what would now be called a high-school education, though he did not finish the prescribed course of instruction, "so impatient was he to begin the study of the science to which nature seemed especially to have called him, and which he pursued with undiminished ardor, literally, to the last moment of his conscious existence." What was lacking in a classical education he made up by native ability and assiduous reading.

His medical studies began under Doctor James Webb, who stood to him almost as a father and whose place in the hearts of his people Doctor Strudwick subsequently filled. He was graduated as a Doctor of Medicine at the

University of Pennsylvania on April 8, 1824. As a classmate of Doctor John K. Mitchell (the father of S. Weir Mitchell) and with him, an office student of the celebrated Doctor William Gibson, young Strudwick became imbued with the best medical thought of the time. He served for two years as Resident Physician in the Philadelphia Almshouse and Charity Hospital.

Equipped with clinical experience, fired with enthusiasm and running over with energy, Doctor Strudwick in 1826 returned to his native heath and began the practice of medicine in the town of Hillsboro. From the very beginning he achieved success, soon becoming the commanding officer of the profession in that region of country. Never was success more deservedly gained. Every attribute of his being contributed to the result, for not only was he blessed with a sound body and a warm heart, but he had a superior intellect.

Doctor Strudwick never affiliated with any medical organization except the North Carolina State Medical Society. Of this he was a charter member and the first president. The Society thus honored itself by launching forth under the name of a man who had already risen to an eminence in his profession rarely attained in those days. At its meeting in Raleigh he delivered a striking address in which he urged education of the people to the necessity for autopsies. The following is a strong paragraph from this address: "Neither the apathy of friends, the cold neglect and deep injustice of legislation, nor pampered quackery and empiricism can stay its onward course. True medical science will, like the majestic oak, withstand the shock and storm of every opposition. It has been beautifully compared to a star,

whose light, though now and then obscured by a passing cloud, will shine on forever and ever in the firmament of Heaven." He took a lively interest in the work of the Society to his last years, though he practically never contributed to medical literature. The only case he ever wrote up was a death from ether by paralysis of the respiratory centre. This paper was sent to his friend Doctor I. Minis Hayes, then editor of the *American Journal of the Medical Sciences*, but was either lost in transit or found its way to the waste basket,—at least, it was never accounted for. So that, the first and only case that this busy man ever recorded was one of which he had no special reason to boast—a death from an anesthetic—but reported from a sense of duty and honesty, and that one was never published.

The character of Doctor Strudwick's work was such as came to every country practitioner in his day. He was apothecary, physician, obstetrician, surgeon. And though he performed those duties, as other men had performed them before him, there seemed to stand out in him something that was different—above and beyond the country doctor around him. It was the man behind the physician, the strong mental and moral force back of his activity.

Though Doctor Strudwick was a well-rounded medical man, his forte was surgery and, had he lived in this day and generation, his name would be at the top of those who exclusively practise that art. Indeed, it is not saying overmuch to assert that no one man to this time in our State has made so enviable a reputation in surgery. When we consider the conditions under which he lived and labored, his work and its results were little short of miraculous. His reputation was not merely local,

but during the '40's and long afterwards, he was doing operations in Raleigh, Wilmington, Charlotte, Greensboro—all the principal cities of the State. Numerous patients were sent to

attained to such individual eminence. Nor were his results less wonderful. He attempted not only the lesser cases, but also those of magnitude and this fact gives greater color to the results.



EDMUND STRUDWICK, SURGEON

him also, some of them from long distances. There was no general hospital in the State then, but he cared for his cases somehow and always gave them faithful attention. No modern surgeon in North Carolina has ever

All kinds of surgery attracted him and he sought for it. Scores of operations for cataract were performed by him, according to the now obsolete needle method, without losing an eye. Once as he was driving homeward after a

long trip in the country, he saw an old man trudging along being led by a small boy at his side. Doctor Strudwick stopped, ascertained that the man had been blind for 12 years, made him get up into the carriage and took him to his (the Doctor's) home. One eye was operated on first and the other the next week, sight being restored to each. This case, as did all other similar ones, appealed to Doctor Strudwick very greatly.

If there was any special operation for which Doctor Strudwick was famous, it was that of lithotomy. Certainly he was the leading lithotomist of his time in North Carolina. There is no record of the exact number he performed, but it was large and his mortality was low. More calculi undoubtedly occurred then and Doctor Strudwick lived in a section of the State where this affection abounded. His custom was always to do the lateral operation and to introduce no tube or other drainage unless there was hemorrhage. It is said that he did 28 consecutive lithotomies without a death. One case in particular has come down to us,—a very large stone, wedged into the trigone and assuming its shape. On the posterior surface grooves had formed along which the urine trickled down from the ureteral openings. After making the incision and finding that the calculus was too large to extract entire, Doctor Strudwick sent to the blacksmith's, secured his tongs and crushed it. Fortunately, the stone was of the soft phosphatic variety.

Many breast amputations were done by Doctor Strudwick. In all cases he cleaned out the axilla, thus anticipating most of the surgeons of a later period. His after-results were in some cases quite surprising and were uniformly better than was the rule in those days. Numerous operations for strangulated

hernia were done by him, with a high percentage of recoveries.

He performed the operation for lacerated perineum several times, invariably using silver wire, but undertook no trachelorrhaphies. His practice was always to sew up a perineal tear immediately after confinement and his success in these recent cases was noteworthy. Another anticipation of modern methods was his habit of never employing applications to the interior of the uterus, but of advocating and using intrauterine injections of salt solution.

The most important operation of Doctor Strudwick's career was one about which, unluckily, the record is meagre. It was, however, probably in 1842, that he successfully removed from a woman a large abdominal tumor, weighing 36 pounds. The nature of the growth is not made clear; most likely it was an ovarian cyst, but there are also evidences to suggest that it may have been a pedunculated fibroid.

Doctor Strudwick was married in 1828, two years after beginning practice, to Ann Nash, whom he survived but two years. Their union was blessed by five children—two girls and three boys. The girls died in infancy. Of the sons, one (Frederick N.) was a well-known lawyer, having been Solicitor of the Fifth District before his death, and both the other two followed their father's profession. The youngest, Doctor Edmund Strudwick, Jr., became a practitioner of repute in Dayton, Alabama (where his son is now engaged in the drug business) and died at the age of 69 years. The eldest child, Doctor William Strudwick* is now living in Hillsboro, N. C., in the vigor of a ripe manhood and will apparently never

*Deceased.

grow old. He is just at the age which his father attained—77 years—and embodies many of the traits which one feels were precious legacies from Edmund the Great. The present Doctor Strudwick is a fluent conversationalist, a most gracious host and withal a rare example of the fast-passing “doctor of the old school.” May his shadow never grow less.

It now remains to say something of the personality of Edmund Strudwick and to call up incidents in his life which show what manner of man he was. That he was a hero—morally, mentally and physically—can be attested by his deeds as they stand. Doctor Strudwick was built in a big mould. His soul could not conceive, his mind could not think, his body could not do a little thing. A study of his career indicates that his ways were not the ways of the ordinary man either in the medical profession or out of it. He was a master of men. And this was not an acquirement of age, but he was all his life a leader. His moral force in the community may be shown by his set determination never to allow doctors to quarrel. He simply would not let them alone until peace was made. A favorite way was to invite the warring ones to his home on a certain time without giving them an opportunity to know in advance that they were to meet. This done, he usually accomplished his purpose. He was determined even to the point of stubbornness. Just after the Civil War, his most influential friends attempted with all their power to persuade him to take advantage of the homestead law, which was designed to permit Southern men to save a little during the reconstruction pillage,—but he would not. Instead of this, he sold everything to pay his creditors and lived in a two-room house without comforts till he died.

In personal appearance Doctor Strudwick was attractive. His height was about 5 feet, 9 inches, and he weighed 190 pounds for the greater part of his life. He was exceedingly active and actually up to his final hours, his energy was comparable to that of a dynamo. There was about him an intensity that was of itself commanding and overpowering. Underneath this exterior of rough force was a suppressed tenderness that came from a humane and sympathetic heart and that, let forth, was as gentle as the outward manner was firm. The physician in that time was of necessity also the nurse. Here Doctor Strudwick showed his strength. Whenever he wished, for instance, a foot bath administered, he did not ask that it be done, but issued the order, “Get things ready” and then, with a detail almost unheard of, he impelled his untrained assistants to do his exact bidding. One of his special feats was what he called “lacing” a bed—making up an old fashioned feather bed so as to render it a more comfortable resting place for his patient.

It was this sort of care that contributed largely to his successful work. He never neglected a case. No matter how insignificant, how poor the patient, how far the ride, he pursued it with the same zest. He never stopped for inclement weather, or swollen rivers. He braved the former and swam the latter. Obstacles only seemed to increase his zeal to press onward.

His healthy body was a boon to Doctor Strudwick. Never but once in the working period of his existence was he sick. He had gone with his son to perform an operation. On the way out he complained slightly and, having finished the task, he became quite ill so that he had to be brought home lying down. He was nauseated, had a

high fever ("calor mordax") and was delirious on reaching his room. It proved to be scarlet fever, though there was not a case then known in the county and, while he had been exposed to it many times, had never before contracted the disease. He was then about 50 years of age.

This fine condition of salubrity was aided also by his simple habits. He was not a big eater, and was extremely temperate. He never asked for a second portion of anything, but always took of each article what he thought was the proper amount for him to eat, finished it and would have no more. An oft-repeated saying was, "I have never swallowed anything that I heard of afterwards." He also had the gift of taking "cat naps" at any time or place—a habit that William Pepper, the younger, did so much to celebrate. Doctor Strudwick usually slept in his chair. He was an early riser, his life long, the year 'round. And one of his invariable rules—which illustrates the sort of stuff of which he was made—was to smoke six pipefuls of tobacco every morning before breakfast. He was a most insatiate consumer of tobacco, being practically never free from its influence. What liberal contracts nature makes with some mortals!

In politics Doctor Strudwick was an ardent Whig, though he never sought or held public office. His sense of humor was shown when, later in life he remarked to his son, "I don't know what I am coming to. Just to think I am wearing a slouch hat and a turned-down collar, and reading the *New York Herald*."

In religion he professed the creed of the Presbyterians and was an elder in the church. His interest in life and its affairs was forever keen and live, particularly in any project for the public good. He was everybody's friend

and an absolute paragon of cheerfulness. Even during his sudden reverse of fortune, his optimism never left him. But, while he was friendly and gentle, no one ever came down with more thundering tones upon those who were guilty of mean or unworthy acts.

Though his heart was chiefly in his surgery, yet Doctor Sturdwick showed great fondness for every branch of the profession. He bought all instruments and books as they came out. All his spare time he spent in reading medical literature. He devoured all knowledge voraciously and thoroughly digested it. His study of a subject was exhaustive. For a goodly part of his time he rode on horseback—and he was a superb horseman to his last day. When he went in a vehicle, he used a surry, with a boy in front, so that he could read along the road. Many hours a day did he spend thus, acquiring information which he was ready at a moment's notice to put to use. In a flap on the dashboard he kept a bag in which were stored a small library and a miniature instrument shop. And often he would return with his carriage full of cohosh, boneset, etc., indicating his familiarity with medical botany. He prepared a good deal of his own medicine in this way. One of his favorites was a preparation of sheep sorrell ("sour grass") for lupus. The herb was inspissated in a pewter spoon by exposure to the air and sun, and the resultant mass applied to the ulcerated part. It is said to have been very efficacious. What reaction was produced and what substance was formed cannot here be said.

The crowning incident in the history of this great man happened when he was near the age of sixty years. Neither in fiction nor in real life has there

been an example of firmer devotion to duty or of more daring fortitude. The glorious deeds of Willum MacClure exhibit nothing that can compare to this one achievement of Edmund Strudwick. He was called to a neighboring county to perform an operation. Leaving Hillsboro by rail at nine o'clock in the evening, he arrived at his station about midnight and was met by the physician who had summoned him. Together they got immediately into a buggy and set out for the patient's house, six miles in the country. The night was dark and cold; the road was rough; the horse became frightened at some object, ran away, upset the buggy and threw the occupants out, stunning the country doctor (who, it was afterwards learned, was addicted to the opium habit), and breaking Doctor Strudwick's leg just above the ankle. As soon as he had sufficiently recovered himself, Doctor Strudwick called aloud, but no one answered and he then crawled to the side of the road and sat with his back against a tree. In the meantime the other physician, who had somehow managed to get into the buggy again, drove to the patient's home, where for a time he could give no account of himself or his companion; but, coming out of his stupor, he faintly remembered the occurrence and at once dispatched a messenger to the scene of the accident. Doctor Strudwick was still leaning against the tree, calling now and then in hopes of making some one hear, when the doctor's buggy came up at sunrise. He got in, drove to the house, without allowing his own leg to be dressed, and sitting on the bed, operated upon the patient for strangulated hernia with a successful result. "Greater love hath no man than this."

What an inspiration is the life of

such a man! Viewing it even from afar one cannot help seeing the sublime soul that was back of it all. He would have been no uncommon man in any age, in any place. It is to his surgical skill that extraordinary tribute must be paid. Were he living to-day, Edmund Strudwick would be the surgical Sampson of our State. Indeed, it is doubtful if any of us equal him in the work which he essayed to do. In these times of wide possibilities his fame as a specialist in surgery would rank high. Such estimates are not overdrawn, for Doctor Strudwick's position in his period was such as to admit of them and more.

The going out of this great man's life was as tragic and unusual as his career had been brilliant and useful. In possession of his customary good health, at the age of seventy-seven, he succumbed to a fatal dose of atropine taken by mistake from drinking a glass of water in which the drug had been prepared for hypodermic employment in an emergency. An account says that "he was buried in the cemetery of the Presbyterian Church at Hillsboro, the funeral being attended by almost the whole population of the town." But for the accident which terminated his life, Dr. Strudwick would by all reckonings have lived to an advanced age and some of us might have been privileged to know him. Priceless heritage this—to have fellowship with these rare souls, that stand apart in passing generations; eternal inspiration ours — to contemplate the life and character of Edmund Strudwick and to hold him forever in our memories as the very finest model of those, whose days are spent in—

"Batling with custom, prejudice, disease,

As once the son of Zeus with Death and Hell."

Galvanism in the Disorders of Menstruation.

(By J. D. Roberts, M. D., Mount Olive, N. C.)

The electro-therapeutist will do a considerable amount of gynecology, almost *nulcens volens*. There are several reasons for this, two of the principle ones being: (1) the dread of operations on the part of the patient and consequent willingness to submit to any other course of treatment offering a chance of relief, and (2) the demonstrated utility of electricity in the large majority of female troubles. In the great range of usefulness of this agent, no where is its efficiency more pronounced than in treating diseases of the uterus and its appendages, save, perhaps, in the therapeutic application of the X-ray to some morbid conditions.

While all the different modes of applying electricity—Static, Faradic Sinusoidal, and Galvanic, are used in gynecologic practice, the last named is the one having the most decided control of the menstrual function. By the use of galvanism, properly applied, every phase of it is absolutely under the control of the physician. Amenorrhœa is cured, the pains of dysmenorrhœa are relieved, menorrhagia is reduced to a normal flow and in the majority of cases of metorrhagia relief is given. These are broad assertions and will appear to the uninformed in electrotherapeutics as inconsistent, that the same force should be used to accomplish opposite effects. The study of polar effects of electricity will explain both the seeming inconsistency and the propriety of the claims made for it in these troubles, which last is amply demonstrated by clinical experience.

Electricity is a good servant, but a

hard master. Its application should be guided by as definite rules and indications as any of the most potent of our remedial measures. It cannot be used in a haphazard manner, under the impression that if it does no good it will do no harm, for every application does either good or harm, according as it is indicated or not, and what is more essential as to whether, if indicated, it was properly given. This much for electricity in general.

As stated above it is by and through the different effects of the two poles of the galvanic battery that these diametrically opposite results are secured, and these are possible because of the decided influence galvanism has over the vaso-motor system. The properties of these two poles are as opposite as are the clinical effects. The positive pole is a vaso-constrictor, acid in reaction, and consequently is a hemostatic; it is sedative, evolves oxygen and hardens tissue. The negative pole is a vaso-dilator, alkaline in re-action, and therefore favors hemorrhage; it is an irritant, evolves hydrogen, and softens—liquefies—tissues.

There are many other properties of the poles but these are the ones with which we are most concerned in the treatment of disorders of menstruation. Both are nutritional but from different causes. Galvanism has the property of breaking up of a substance into its different elements (electrolysis); also by electrolytic action of applying pure metal in minutely divided doses through the action of the suitable pole directly into the tissues (metallic cataphoresis).

In the application of electricity to the troubles under consideration it is important that its source be of sufficient power and its administration be under perfect control. A good wall plate with rheostat and milliampre-

meter connected with a street current or a battery of at least forty good cells connected in series, is essential. The electrodes to be used will be described in the technique.

There are two general classes of cases of Amenorrhœa we are called on to treat, the ænemic and the plethoric. The first should not be treated with direct galvanism to the uterus, because in the ænemic condition the strength of the patient is best conserved without any loss of blood. Better to give iron, tonics, with hygienic and dietetic living, together with static insalation. If the menstrual function is not established with improvement of the ænemia, then galvanism to the uterus as in plethoric conditions will prove beneficial.

Most of patients with amenorrhœa have undeveloped wombs, and many have an elongated neck with pin hole os. In the plethoric cases these are treated by introducing a small metal (copper or tin) cervical sound into the os, and attaching to the cathode (negative pole) turn on the current very slowly. At first it may be possible to introduce only the point of the electrode, but the disintergrating and softening property of the negative pole will in a few minutes enable the operator to go farther with the sound (electrode), until the womb is entered. It is not well to push the treatment beyond this point at the first seance, especially if there is much delay in entering the uterus. Cases without the elongated neck may be treated with a cup-shaped electrode applied to vaginal neck. As the majority of the cases of dysmenorrhœa are from undeveloped conditions of uterus, or a plethoric congested state of the blood vessels of the pelvis, this treatment described here is applicable to them also. The interrupted current (Farradism) or when

the wall plate is supplied with the necessary attachment, the breaking of the galvanic current acts well as means of massaging the infantile womb and hastening the cure.

Menorrhagia is treated with the anode (positive pole) directly to the uterus. It may be the cup-shaped electrode, an intra-uterine application or the ball electrode. In sub-involution and versions intra uterine applications are indicated. If possible, replace the version and treat in the normal position.

The technique is of importance. It must be remembered in the application of the negative pole within the vagina or uterus to always use antiseptic precautions. This is not necessary with the negative pole, since it is acid and evolves oxygen, and consequently is a most excellent germicide, while the alkaline reaction of the negative pole favors the propagation of germs. The indifferent pole should cover a comparatively large field. I generally use a plate of block tin 3x4 inches, though I occasionally cover the whole abdomen with a towel folded several times, and a large metal plate placed thereon. To avoid irritations of the skin and even burns it is necessary to use pads made of folded towels, cotton or other material. These should be wet in a hot solution of common salt or soda. The position of the indifferent pad is not essential, though the abdomen is generally used because of its convenience. The electrodes should always be clean. These come in several shapes and sizes, the most useful being the different sized balls, the cup, and several sizes of sounds, with the hard rubber insulated attachments. In the use of the positive pole, it is well to cover the electrode with cotton to prevent its adhering, because of the dehydration of the tissues, or when this is

impractical, as in intra uterine application the electrode must be continually moved or rotated.

A few cases illustrative of the principles involved are appended. The only medicines used in any of these cases was directed to regulation of the bowels, or to digestive disorders.

Case I. Fannie S., negress, widow for four years, 38 years old, mother of six children, youngest born after death of husband, $3\frac{1}{2}$ years old. Family history unobtainable, one grandfather still living. No history of any menstrual or uterine trouble until since birth of last child. Since then has had bearing down sensation in lower bowels, with excessive flow at each menstrual period which was established soon after confinement. For past year she has been confined to bed fully half the time on account of hemorrhage and the weakness occasioned by it. Examination shows a uterus much prolapsed, slight retroversion, marked sub-involution, and high degree of endometritis. Uterus was curetted, and local application made. Ergot and tonics prescribed with daily douches of hot water and styptics. Local treatment once a week, for three weeks without any material benefit, when she ceased to visit the office for treatment.

This was before the installation of an office electric equipment. Six months afterwards I saw her in her home, no better, but perhaps weaker. I urged her to visit my office for galvanism, which she did in a few days. On arriving she was too weak from loss of blood to get in the office (3 steps) without assistance. Had saturated a heavy napkin in the two hours since leaving home, and was still flowing very freely when placed on the table. A copper ball electrode, covered with cotton, was introduced into the vagina and behind the uterus. This was connected

with anode, and a large tin plate over several thicknesses of a towel wet in hot Bi Carb Soda Solution, placed on the abdomen, was connected with the cathode. The current was gradually turned on until the meter registered 40 M. A., and treatment given at this for twenty minutes. Flow had ceased, patient felt stronger and the ride of ten miles to her home did not bring on hemorrhage. Over exertion three days later brought on severe hemorrhage, which lasted until another application of the galvanic current one week later. The patient's distance from the office and her poverty prevented her coming again. I saw her three months later, and she reported that menses were regular, but flow was rather excessive, lasting five days, and she was able to do her house work, except during the time of the period. I believe a month's treatment would have fully relieved the engorgement and produced a normal flow.

Case II. Mrs. W., age 42, family history good, very large fleshy woman. 1 para, now 22 years old. Suffered for 20 years with subinvolution, lacerated perineum and indigestion. Perineum was repaired two years before treatment, but subinvolution and neurasthenia still pronounced. Menorrhagia quite severe, periods coming every 18 to 21 days and lasting 10 days. She received six treatments, similar to that given Case I, during a period of eight weeks, with improvement from the beginning. The first two treatments, four days apart, 60 M. A. were given. This proved too severe, as slight uterine colic was produced, lasting two or three hours. The later treatments only 30 M. A. were given. She went 26 days without any show. A few days later she was attacked with typhoid fever, and later with cholecystitis, from which she died.

Case III. Mrs. K., age 37, vi para, family history of neurosis, suffers much with neuralgias, menses regular but very excessive since birth of last child, now 5 years old. Uterus shows subinvolution, endometritis, and an old tear healed with hard cicatrix. Bare copper uterine sound introduced into womb connected with anode—cathode to abdominal pad as in Case I—and 15 M. A. given for 20 minutes, followed by swabbing of womb under antiseptics with aa. Tr. Iodine and Carbolic Acid. Two treatments of this character four days apart relieved the endometritis considerably. One week later application of galvanism with ball electrode covered with cotton and gold beater's membrane, as in Case I, given 30 M. A. for 20 minutes. Menses three days later, only slight improvement. During the next four weeks she received seven treatments. Menses normal as to flow, endometritis and subinvolution relieved. One other treatment given three days before the next period. One year has elapsed, and periods are normal and regular and neuralgias are much relieved. This patient received no medicine whatever.

Case IV. Miss K., age 18; family history—mother died of tuberculosis, father of some throat trouble; well formed and fairly well nourished; menses at 14, always painful, occasionally one or two days delayed. The last six months she has had to take her bed for two days before flow is established. Has taken many remedies to no purpose. First visit to office was when period was expected. Pain was excessive. Digital examination demonstrated small uterus with slightly elongated neck. No examination with speculum. Small ball electrode, bare, in vagina, pressed against uterus, connected with cathode—anode to small abdominal pad; 20 M. A. were given for 15

minutes. Pain partially relieved at once and flow established in three hours. Just prior to the next two periods she received, each time, two like treatments, three days apart, the last one on the day flow was due. Both times there was no pain whatever. She reports fourteen months later that she experiences only a slight inconvenience for 12 to 24 hours before her periods, but no decided pain. This patient had static electricity for a kidney trouble three months after above treatment which perhaps aided some in keeping the menstrual functions normal, as this current is very beneficial as an equalizer and tonic.

Case V. Mrs. V., married, aged 32, vii para, farmer's wife, youngest child 3 years old. Menstrual period established one year after its birth, regular as to time but scant as to flow. For 13 months has been no show. Suffers with pains in the pelvic region, slight constipation and general condition bordering on the neurasthenic. Has had treatment medicinal and locally to the womb, under the care of another physician. She received ten treatments, three to five days apart. Cathode to the womb, anode to abdomen. Menses appeared after seventh treatment, not quite as free as normal, but painless. Two additional treatments given in the fourth week after, menses normal as to time and quantity. All untoward symptoms relieved and has remained well for the four months since treatment.

Vinic Alcohol.

By James Burke, M. D., Manitowac, Wis.

The ultimate influence of vinic alcohol on the tissues of a user of alcoholic beverages, is determined by the conditions of his digestive fluids; if for any

reason his digestive juices in the stomach are of a hyperacid quality, the ingested alcohol is subject to double chemical decomposition, resulting in the hydrate of the alcoholic radical and the liberation of water from the chemical change. The hydrates, or salts formed are the volatile compound ethers. The more acid in the gastric juice the more ether is generated. Herein is the explanation of the common observation of all users of alcoholics, that, "some days a 'couple' of glasses do not affect me, while at other times, the amount will be intoxicating." All clinicians have noted that medicine, especially proteid activities — active principles—is notoriously variable in its action on the blood and tissues, and without probing into the cause, some, rail against the use of medicine in general. It is not real hard to explain a vital defect in the administration of the vegetable proteid medicine by the stomach route. Admitting that you have put into the stomach the principle, whose action you desire in the given deviation from health, in its best chemically worked-out form obtainable; yet, the deficient quality of the ferments of proteid digestion, splits up the active principle in such an inadequate way, that the vicarious office of righting this digestive defect devolves on the blood and other tissues. The immunizing, or emergency outfit of the body is called into requisition.

In fact it would have been better to have injected the active principle, in proper dilution, directly into the tissues; as is proposed to be done with the complex, proteid principles, contained in the curative sera and vaccines.

If the stomach route will continue to be the avenue through which we will introduce into the chemical and physical economy, affinitive, cognate

entities, with which to chemically saturate the disturbing toxins, a rational toilet of the alimentary canal must be made. It is our duty to individualize our patients, discover their needs in this particular, and supply them: 1. Clear out the lumen of the bowels of decomposing and decomposed proteid contents. 2. Limit further bacterial decomposition by the proper anti-ferment. 3. Chemically neutralize the several toxins lodged in the walls of the stomach and intestines by giving the affinitive cognate, for each disturbing toxin. When all this is properly done, then, and only then, will the active principles, given for the saturation of the systemic toxins, be reverted and synthesized into the proper variety of amino-acids.

Very often, with the making of the proper toilet of the alimentary canal, the emergency outfit of the cells of the body, will be enabled to adjust the chemical and physical disability of the body, fairly satisfactorily. There is nearly always sufficient pabulum in the body, from which to draw, to create antidotes for the dominant and subsidiary disturbing toxins, if the right chemo-physiological conditions present. If adverse conditions exist, this same pabulum is converted into a chemical stage of a virulent toxin. The emergency outfit, or immunizing faculty of the cells, in the absence of this forehanded pabulum, can coscript the various tissues of the body, and thus acquire the necessary proteid pabulum, out of which to revert and synthesize, affinitive, cognate entities, with which to neutralize the disturbing toxins. The leucocytes are a very prominent part of the emergency outfit. External violence, the force of light and heat, massage of the skeletal muscles, motion or vibration, the motion of an electric current, the thrill of

true love, the bane of hatred, joy and sorrow, business successes and reverses, each when acting on the human organism exerts an influence on the emergency outfit. The trained human being, if he can overcome his envy of a successful neighbor, is the foremost in capacity to use the emergency outfit to the best advantage. A proper regard for the physical well-being of our neighbor, enhances our capacity for enjoying the kind of life that is a worthy factor in the plan of creation.

Selfishness is a quality we abhor in a neighbor, but nurture in the garden of our own soul. The feeling of a square deal is a healthful feeling.

The Office Treatment of Gynecological Cases.

(By Greer Baughman, M. D., Richmond, Va., Lecturer on Special Pathology, Medical College of Virginia.)

No doubt this paper of mine will bring forth a heated discussion from the surgeons. I hope so. Because by discussion we learn.

The office treatment of gynecological cases begins with a careful examination. In order to have a complete record of the case, I make use of this blank. The blank I file and make additional notes as the treatment advances.

I divide my cases into three groups. First, those that need immediate surgical attention. Second, those that need a preliminary treatment before being given over to the surgeon. Third, those that need only office treatment.

It requires the exercise of considerable judgment to determine whether a case should be operated upon at once or should be treated first. Of course malignant conditions, unless they have progressed too far, need immediate at-

tention. It is useless to temporize with myo-fibromata uteri, non-malignant cysts of the ovary and other non-malignant tumors. Time is wasted and no good is accomplished.

The more inflammations, whether postpartum or gonorrhoeal, that I encounter the more I am inclined to put them on the surgical waiting list. I send the acute cases to bed, with appropriate douches and medication to determine after a time whether local treatment will clear up the conditions.

Although the surgical interference can relieve these patients promptly, we should always bear in mind the fact that a surgical operation is a serious interference and is liable temporarily to lessen the patient's resistance. A case of this kind is very fresh in my mind.

When the acute symptoms of a pelvic inflammation have subsided the patient should be carefully examined and the findings should be compared with the previous examination. If an abscess is found the case should be seen by a surgeon. Very little can be done for an abscess except by a surgeon unless nature acts the part as she did in one of my cases. This woman had the misfortune to become infected after a self-inflicted abortion. An immense abscess formed on the left side of her uterus. She refused operation. After being bed-ridden for three months the abscess ruptured into the rectum and she made a recovery.

The class of inflammatory cases that respond more readily to office treatment are those that have recovered from the acute stage with adhesions, enlarged uterus, swollen tubes, tender ovaries and thickened adnexa.

My method of treating these cases are by massage, local applications of iodine, silver solutions of some sort, ichthyol tampons and douches.

The massage is the most important. A well lubricated finger or fingers are introduced in the vagina to steady the uterus and appendages while the abdominal hand massages. After the uterus has been manipulated by pressing the abdominal hand well down behind the uterus, trying to break up the adhesions that are holding it in Douglas' Pouch, the tubes are stroked towards the uterus. The treatment is finished by some astringent or absorbent application to the cervix and cervical canal and an ichthyol glycerine tampon. This office treatment is given once or twice a week. The patient is required to take at least one douche a day in the recumbent position at home and is instructed how to insert ichthyol glycerine tampons at home. I am very proud of using Petrogen and Iodine applications to the abdomen. Sometimes this treatment does not bring about results. But it is astonishing how much good conscientious and persistent treatment will accomplish in most of these cases.

The day of the pessary is by no means over. There are certain cases where a tear has not been repaired after labor. Often these women decline surgical interference. Should they be allowed to suffer for the want of a properly adjusted pessary? It is needless to say that a pessary on a fixed uterus is worse than useless. I am very fond of using a tampon as a pessary. I have one case that had been operated upon for retroverted uterus, because of its pressure on the rectum. When I first saw her six years after the operation the uterus was retrodisplaced. The knee-chest position and tampons have given her great relief.

The knee chest position in movable displacements is one of the simplest and most useful means we have of relieving a very distressing condition.

No one has more respect for the surgeon than I. He is a God-send to humanity. But we medical men must appreciate the fact that gynecological cases must not necessarily be operated upon simply because they have inflamed adnexa or retrodisplaced uteri.

26 N. Laurel Street.

*Read before the Richmond Academy of Medicine and Surgery, September 24th, 1907.

The Physiology of the Spleen and the Indications for Its Removal.

By Marvin E. Nuckols, M. D., Richmond, Va.)

There is undoubtedly a striking resemblance between the lymphatics and the spleen both in structure and function, but like many of the organs of the body, especially the so-called vascular glands, very little is known of either.

One of the methods frequently employed to gain information regarding the functions or importance of an organ to the economy is extirpation. Unfortunately in the case of the spleen this does not give us much information. It has been proven over and over again that removal of the spleen in animals and in man in health is not attended or followed by any very serious disturbance. In other words it has been shown that it is not essential to life or the maintenance of fairly good health. Following splenectomy there is usually a temporary increase in leucocytes and in a few cases enlargement of the lymphatic glands all over the body and hyperplasia of the bone marrow coming on at a later date.

We would naturally infer from this that the spleen is engaged in blood mak-

ing. This to some extent is unquestionably true. According to Neumann, at an early period of foetal life the liver becomes an important seat of haemogenesis, red corpuscles originating in the venous channels of the organ. About the fifth month the spleen comes into activity and takes the place of the liver which grows less active. Finally the bone marrow is concerned with the formation of red corpuscles and continues active after birth. It seems doubtful whether the spleen after birth has much to do with making red corpuscles, but, it is very clearly proven that it plays a minor part with the bone marrow in converting leucocytes into red corpuscles after they have been made by the lymphatics. It is supposed to assist the bone marrow in putting on the finishing touches or in completing the process.

The small number of red corpuscles in the blood of the splenic vein, and the large number in various stages of disintegration and the presence of a large amount of blood coloring matter in the spleen, leads us to believe that it is a graveyard for old wornout red corpuscles.

The fact that it is enlarged in most infectious diseases, would help to confirm this belief as well as to remind us that it may have some power as a germ destroyer. It is probable at any rate that a splenectomized patient has less resistance to the various infectious diseases than one who retains his spleen.

Physiologists tell us that towards the completion of digestion the spleen becomes engorged with blood and that this blood contains digested proteids. They infer from this that it is a regulator of blood to the digestive organs and that it may store up some of this proteid material and supply it to the system as needed.

In considering the indications for re-

moval of the spleen we have to remember that removal of the normal spleen from healthy animals and from men is quite a different proposition from removal of an abnormal spleen from a diseased person. We also have to take into consideration, that many of the conditions for which splenectomy is seemingly indicated are general or systemic rather than local, the splenic enlargement being simply one of the many manifestations of the systemic disease.

Splenectomy is never indicated in lukaemia, but, on the contrary, may do absolute harm, since the bone marrow or lymphatics or both, are affected as well as the spleen. If the theory that the bone marrow assists the spleen in converting leucocytes into red blood corpuscles is correct, it must do positive harm to remove the spleen.

Splenectomy is contraindicated in amyloid degeneration and in passive congestion; in the former because it is a general condition and all the viscera are affected, and in the latter because it is secondary to disease of the heart or liver.

Splenectomy is contraindicated in pseudoleukaemia for the same reason that it is in leukaemia.

In splenic anaemia, or Banti's disease, if the diagnosis is made sufficiently early, before hemorrhages are severe and before symptoms of cirrhosis of the liver develop, splenectomy has apparently prolonged life and made the remaining years more comfortable.

The malarial spleen and simple hypertrophy call for splenectomy, provided it gives much discomfort, and provided, the general condition of the patient is good and anaemia is not marked.

Abscess and cysts both call for extirpation rather than incision and drainage, provided, adhesions are not too extensive and the general condition of

the patient is such as to make it improbable that a fatal result will follow.

Wandering spleen when not enlarged, or when enlarged (provided the enlargement is not due to any of the conditions previously mentioned in which extirpation is contraindicated) should be removed. Wandering spleen on account of its location and liability to become twisted on its pedicle makes operation more urgent than any other condition except wounds.

Idiopathic and traumatic rupture, bullet and stab wounds call urgently for extirpation, which, as a general rule, offers a surer means of saving life than either suture or packing.

It would seem that any chronically enlarged spleen, both on account of the general discomfort and deformity and the liability to rupture from simple causes, should be removed, but since we know that it is an operation attended by a very high immediate mortality, and since so many of the conditions apparently demanding operation are not benefited, the indications for splenectomy are few and far between. Indeed, many good men contend that no condition other than rupture or wounds, requires splenectomy.

*Read before the Richmond Society of Medicine and Surgery, September 24, 1907.

Corneal Ulcers.

By W. H. Wakefield, M. D., Charlotte, N. C.

Ulcer of the cornea is simply a suppurating patch on the corneal surface and develops either from an infected

traumatism or a superficially disposed infiltrate. The epithelium exfoliates upon the surface of the affected spot, and soon, by the breaking down of the most strongly infiltrated portions of the cornea, a loss of substance forms so that an ulcer is produced. The edges of the ulcer are often surrounded for quite a distance by a gray area of infiltrated corneal tissue. When in this stage the ulcer is progressive. In a favorable case only so much of the corneal tissue breaks down during the progress of the disease as was from the beginning too strongly infiltrated to live, in which event the ulcer quickly becomes clean and healing is rapid. Quite often, however, it happens with the breaking down of the infiltrated tissue, the inflammatory cloudiness keeps spreading and new portions of the cornea break down into pus, making the ulcer larger. Sometimes the ulcer shows a tendency to grow in depth, at others to extend over the surface. In the former case perforation of the cornea is to be feared; in the latter larger and larger areas of the cornea may be destroyed and thus extensive opacities be produced that very seriously damage vision.

The progressive stage of the ulcer is accomplished by congestion of the mucous membrane, lachrymation, marked photophobia, and pain which is often quite severe; congestion and even inflammation of the iris may ensue, adding to the danger and pain. There are cases of ulceration, however, in which pain and other symptoms are slight but which may be very dangerous and destructive to vision. When the infiltration process comes to a standstill the ulcer soon cleanses itself. The dead tissue on the floor and sides of the ulcer is cast off and the infiltrate is absorbed, the parts becoming transparent once more. After an ulcer becomes

thoroughly clean citratization begins. Blood vessels from the nearest portion of the sclerotic push their way to the ulcer carrying nourishment, and soon the ulcer is filled with an opaque mass which fills it to the level of the adjacent corneal tissue. The density of the opacity depends on its thickness, which corresponds closely to that of the depth of the ulcer. In mild cases in which the ulcers were small and shallow this white "scar-tissue" is so thin and transparent as to be scarcely discernable except by oblique illumination. Perforation of the cornea takes place when the destructive process has been so great as to destroy down to the deepest layers of the cornea.

Etiology—Corneal ulcers naturally divide themselves into two great groups, primary and secondary. Primary ulcers take their start in the corneal tissue, while secondary ulcers develop as a sequence to other ocular disturbances, usually a conjunctivitis.

Primary ulcers of the cornea are often due to traumatism or may be caused by anything that injures the protecting epithelium permitting the entrance of cocci into the tissues of the cornea.

A form of corneal ulcers often seen in children of the strumous diathesis is called phlyctenular keratitis and is characterized by small blisters at the corneoscleral margin which burst and shallow ulcers are formed. Photophobia is a marked symptom of this affection. So great is the dread of light on the part of the little sufferers that it is often impossible even after using cocaine in the eyes to obtain an adequate inspection.

Treatment.

Corneal ulcers are generally amenable to proper treatment energetically applied. The fundamental "remove the cause" applies here as elsewhere. The

ulcer should be cleansed by washing it with an antiseptic solution—15 grs. of boric acid dissolved in an oz. of normal salt solution and used warm, answers a very useful purpose.

I am a firm believer in the efficacy of a thorough cleansing of the base and sides of the ulcer by throwing into it by means of a hypodermic syringe a sufficient amount of this warm boric acid solution to wash away the pus. If any foreign bodies are seen they must, of course, be removed. The ulcer can now be washed by a 1 to 10,000 bichloride solution, and an ointment applied containing yellow oxide of mercury, gr. 1-2; atropine sulph., gr. 1-3, and adrenalin sol., gtts 3 to the drachm of vaseline. If healing is delayed it will be wise to cauterize the ulcer after thorough cleansing by means of the stream of boric acid solution. If a drop or two of a freshly made 4 per cent. solution of cocaine be dropped in the eye the process of cleansing is very much aided. Cocaine should always be used if the ulcer is to be cauterized.

To accomplish this, twist a very small amount of absorbent cotton on a probe, no larger than a darning needle, moisten its tip in pure carbolic acid and apply carefully but thoroughly to the base and sides of the ulcer, being careful that there is no surplus of the acid to flow over on the healthy tissue.

Tr. Iodine is also a most efficient agent; so is tri-chlor-acetic acid in 15 to 25 per cent. solution. Protargol 20 per cent. sol. is also of use; Argryol 5 to 10 per cent. sol. is also of great value. In suitable cases I have used actual cautery with the greatest benefit. Many of the patients suffering from corneal ulcers and other forms of corneal inflammation are in a depleted condition and need building up. In children and aged people suffering from phlyctenular ulcers arsenic, strychnine and

iron are indicated; the arsenic and the iron to increase the oxygen carrying capacity of the red globules of the blood and the strychnine to tone up the whole nervous system.

The object to be obtained is increased nourishment of the entire body, and care must be exercised that the iron does not disagree with the stomach.

In cases where the digestion is at all feeble or the patient anemic to any extent, I think it unwise to risk any form of iron except the peptonate as it is well borne by the most delicate stomach. Manganese being synergistic to iron I invariably use the combination of these two agents.

A good formula is: Fowler's Solution Arsenic, dr. 1; Pepto-Mangan,

Gude, one bottle; of this the dose for an adult is a medium sized tablespoonful after meals and at bedtime. The dose must be reduced for children to correspond to their age. In this affection it is often very important that no ground be lost by having the function of the stomach disturbed and nutrition interfered with, hence the patient cannot take the risk of using a form of iron that might disturb digestion.

Tr. Nux. Vom. can be given before meals, or, if preferred, the Fowler's Sol. and Tr. Nux. can be given together before meals, and the Pepto-Mangan after. The skin should be kept active by daily baths, the bowels kept open and as much fresh air and sunshine employed as possible.

Selected Papers.

Cold Air as a Therapeutic Agent.

(By G. D. Lind, M. D., New Richmond, W. Va.)

The fresh air treatment of tuberculosis is an undeniable success in a large percentage of cases. Has that success been because the air breathed by the patients was fresh, that is, contained the largest possible per cent. of oxygen and the smallest per cent. of carbon dioxide and other impurities? Doubtless that has been a factor, but not the only one. Oxygen is essential to the animal body, but can the blood take up more than the given amount? There is an old notion to the effect that if animals were placed in an atmosphere of pure oxygen they would consume their own tissues, live too fast and die from intoxication. Experiments on small animals seemed to bear out this idea, but further experiments proved that the excitement of the animals was due to fright and not to the inhalation of oxy-

gen. It may be safely said now that we cannot get too much oxygen. The inhalation of pure oxygen in the treatment of various diseases has been attended with a considerable degree of success. The amount of oxygen taken up by the blood is limited by the diffusibility of gases through membranes and by the amount of hemoglobin which acts as a carrier for the oxygen.

Among the influences which cause the amount of oxygen in the blood to vary are muscle activity, digestive activity, age and temperature of the surrounding medium. During muscular exercise more oxygen is taken up than during rest, according to Pettenkofer and Voit, as much as 200 grams more daily. A lowering of temperature of the air invariably caused increase in the amount of oxygen taken up by the blood. Brubaker's Physiology explains this by saying: "The lower temperatures act as a stimulus to the peripheral terminations of the nerve system, bring-

ing about reflexly increased activity of the body at large." This increased activity of the body at large is the very essential thing needed in the battle against diseases which affect every part of the body as tuberculosis. In other words, this increased activity is only another name for increased vital resistance without which no disease will terminate favorably.

According to the teaching of physiologists, then, it is the increased activity of the body which causes the increased absorption of oxygen and the increased absorption of oxygen furthers the chemical changes which result in the destruction of the toxins of disease and their elimination from the body. The increased absorption of oxygen due to muscular exercise is attended with fatigue which is believed to be due to a toxin developed as a consequence of muscle contraction. Digestive activity is largely muscular activity and a large amount of new material is taken into the blood for the oxygen to work upon, so that the increased absorption of oxygen from this source is almost counterbalanced. The greater absorption in children is due partly to the greater relative amount of skin surface, and partly to the increased amount of nutritive activity.

If these physiological deductions be true it follows that we have only one sure method of increasing the amount of oxygen in the blood and that is by the inhalation of cold air. We do not need a uniform low temperature for this stimulation, but variable temperature. A uniform high or low temperature does not depress nor stimulate. It is the sudden change from a higher to a lower temperature that stimulates. We all know the beneficial effects of bringing a fainting person into the cool air and applying cool water to the skin and of fanning.

So much for the physiological action of the remedy, now what is the clinical teaching? Dr. Burney Yeo says that tuberculosis patients do not improve in a climate where there is not a notable variation in day and night temperature of the air. He says there must be a daily variation of at least twenty degrees. The best results are obtained where the variation is from thirty to fifty degrees. Dr. Anders, of Philadelphia in the Medical Record, contends for the fresh air treatment of acute respiratory diseases. He says, "Cold stimulates the respiratory function and as an immediate consequence more oxygen is absorbed," which is in entire accordance with the physiological teaching referred to. According to his clinical observations there are many beneficial effects, such as a better general condition and increased strength, improved appetite and digestion, refreshing sleep, lessened severity of cough, diminished breathing, fever and pulse rate; in short, a less marked toxemia.

At the Presbyterian and Fordham Hospitals, in New York, pneumonia is treated by placing patients in the open air, except in inclement weather, when they have only a tent for protection, and better results are claimed than when patients are carefully housed.

According to Dr. Simmonds, children who are suffering from surgical tuberculosis improve rapidly and sleep much better in a room so cold that nurses and physicians need to wear gloves and special wraps to keep comfortable.

My own experience can count for very little in this matter. Since I began to investigate this subject I have had but one case of pneumonia. The weather being warm I could not carry out any special methods of treatment in this regard, except where the family wanted to keep both outside doors clos-

ed, I ordered both to be left open except during a storm, and that a small fire be kept in the fireplace to create a draft. It might have been a mild case, but the disease terminated favorably in fourteen days in what I considered an unfavorable subject—a worked down, naturally frail farmer's wife, the mother of seven children.

When I first came into these mountains of West Virginia, I was inclined to take people to task for keeping a big fire and the doors all open, but after a few years I have observed that those who lived under those conditions suffered less from respiratory diseases.

I have found that sponging the skin with tepid water, followed by vigorous fanning instead of drying with a towel, does much good in typhoid fever. In this way the patient gets rid of much heat and gets at the same time the stimulating effect of cool air.

Is there any danger in cold air? Wood's Therapeutics says: "So long as the temperature of the body remains distinctly above the normal there is no danger of any patient taking cold. Draughts are dangerous only under certain circumstances. If the temperature be subnormal or if normal the vitality be lowered by fatigue, then dampness and draughts may cause a cold. I am suffering at the moment of writing from a cold, brought on by three days and nights almost constant riding and loss of sleep, at the end of which I got wet and chilly in a rain storm. The patient must be kept comfortable with wraps and a fire in winter, but can be in no danger from any amount of cold air in the face so long as the temperature is not below normal. The dread of cold air and draughts is strangely prevalent in this country, but the clinical experience of those who are trying

the fresh air or rather cool air treatment, is rapidly effecting a change in thought and prejudices are being overcome.—*The Central States Medical Monitor*.

To Emulsify Castor Oil.

Palatable and permanent emulsions of castor oil are difficult to obtain. L. Boudier (*Journal de Pharmacie et de Chimie*, Sept. 1, 1907), has experimented with various emulsifying agents to determine which offers the greatest advantages in regard to content of oil, completeness of emulsification, and permanency. Acacia, tragacanth, tincture of quillaya, cocoa butter, lime water, egg yolk, cascine, and soap were tried. The results indicated that tragacanth, lime water, cascine, and soap permitted an emulsion to be quickly prepared, and in the case of tragacanth and soap the emulsion was permanent. With tragacanth an emulsion containing 1 part of the oil in 3 of the mixture could be made, while with soap a strength of 80 per cent. of oil could be obtained. The formula for the emulsion with soap is as follows.

	Parts.
Powdered soap	2.5
Castor Oil	80.0
Distilled water	20.0

Dissolve the soap in the oil by adding the latter, in small portions. Pour in the water all at once and shake gently for some minutes. A fine, white, creamy emulsion is obtained that can be kept for several months. As the soap is a laxative the dose need not be larger than that of pure castor oil.—*Exchange*.

Neuralgia.

The following is recommended by Leonard Williams:—

R Quinine hydrochloridi, gr. v.
 Acidi hydrobromici diluti, m xx.
 Tr. gelsemii, m x.
 Aq. chloroform, q. s. ad foz. ss.

M. Sig.: Every twenty minutes till pain ceases. Not more than four doses to be taken.—*Clinical Journal*.

Bad Results of Neglected Middle Ear Suppuration.

(By W. G. Harrison, M. D., Birmingham, Ala.)

In this hasty contribution no attempt will be made to discuss the etiology, pathology nor symptoms of chronic suppurative otitis, but merely some of the deleterious sequellae of this condition, with a few illustrative cases.

Chronic diseases of passive symptomatology, especially where occurring in young children, are apt to be overlooked or their importance minimized. This is peculiarly true of chronic otitis and all the more so doubtless, because under the old lecture system of instruction it received slight attention, and moreover was not so amenable to treatment as now.

The complications of chronic suppurative middle ear disease are of two grades of severity; the first involves loss of function and seriously impairs comfort.

In this division we would place defective hearing, perforated drum membrane, vertigo, ear polypi and neurasthenia.

In the second and severer grade of complications one would classify those involving greater danger—those which often destroy life, viz: cholesteatomatous formations, meningitis, brain abscess, thrombosis and pyemia.

Various authorities estimate that about fifteen per cent. of deaf mutism results from neglected chronic sup-

puration, probably nine-tenths of which could be prevented by proper treatment.

Only when we realize that Alabama has more than a thousand deaf mutes, and the number yearly increasing, are we cognizant of its import. Then again our state is annually paying nearly fifty thousand dollars to educate a small per cent. of its deaf. One-sixth or more of this could have been saved by early treatment of affections which later became incurable.

In addition to the real deaf mutes one sees a large number of people with various grades of impaired hearing, which have eventuated from untreated chronic otitis. If the defect be in one ear it may cause slight discomfort—in younger patients may entirely escape notice. Only when the hearing is carefully tested will the slighter grades of defective audition be recognized. Politzer: "It is an established fact that some cases of impaired hearing arising in later years of life result from overlooked or neglected aural affections in childhood." Granting this, we can easily see the wisdom and economy of testing the hearing in the early years of school life. Such a precaution would prevent some total deafness and prevent much poor hearing in adults.

Second. Patients with impaired hearing are often under great mental strain to follow a conversation, and if they have an unstable nervous system this overwork may produce most inveterate neurasthenia.

Mrs. B. had diphtheria several years ago followed by abscesses in each middle ear. At present she hears conversational voice at *three feet* which ought to be easy at twenty. When two people are talking in the room at the same time she finds it difficult to follow either conversation, and the strained effort to hear requires the concentra-

tion of all mental powers. Under this tax she has become extremely neurotic and engrafted on the diseased ear is a veritable neurasthenia.

Third. Probably the most frequent evil resulting from neglected otitis is chronic osteomyelitis, and this is a way station on the road to worse conditions. Generally the affection is passive for years and only some intercurrent complication directs the attention to its presence. In patients with long continued discharge from the middle ear dizziness, slight pain, headache, occasional attacks of nausea or tenderness on deep pressure behind the auricle are sufficient symptoms to arouse serious anxiety. The proper treatment for osteomyelitis here is the same as elsewhere—prompt and thorough removal of all diseased parts.

The following case is in point: H. T. D., white, male, aged nine, had running ear on one side for years. Has adenoids and enlarged tonsils, has a chronic suppurative middle ear disease on right side and when first seen had severe acute painful mastoiditis in the other ear. I was called to treat the acute condition. Palliative measures failing to relieve, operation was advised and the parents reluctantly consented to have both mastoids opened. The acute ear was a simple affair—pus closely confined in bone cells — but the the chronic ear was extensively diseased, necrosis of the entire mastoid portion with perforations into the subdural space. So far the condition had been passive. A few months and pyæmia leptomenigitis or perchance a brain abscess would have closed the chapter.

Fourth. When the drum remains long perforated and there is a continuous or even intermittent discharge through the external canal the mucous membrane of the latter often prolif-

erates rapidly, grows into and through the perforation, continues to proliferate within the middle ear cavity and slowly, but steadily, forms a concretion, tumor like in shape and appearance called "cholesteatoma." This "pseudo tumor" is sometimes a most serious condition. It is well illustrated by the following case: S. D., white, male, 27 years of age, had a running ear since childhood. Hearing bad, but no other special symptoms till two months previous to my first visit. For eight weeks has had slow, deep seated boring pain over mastoid, some vertigo and general headache. Left external canal is tightly plugged with a mass of polypi.

In this case the outer layer of the mastoid was sclerosed and chiseled away with much difficulty, but beneath was found an oval cavity some inch in diameter invading the cerebral space and containing a mass of cholesteatoma. Adjoining this was a subdural abscess containing probably half an ounce of pus, the latter furnishing a bath for the sigmoid sinus which it almost surrounded.

The drain on general health and the marked tax on resistive power is well illustrated by the following case: Miss P., white, female, age about twenty-four, had a discharging ear since childhood. Has had no special illness, but subject to frequent colds—especially in the chest. Digestion impaired and the patient is thin, pale, and haemoglobin is below sixty per cent. In this case the patient suffered no pain and was induced to seek operation solely because of the foul smelling discharge which had become a source of annoyance and humiliation. Within four months after scraping out the cares and neurosis the general health improved and she gained some twenty pounds in weight with a haemoglobin percentage of above ninety-five.

Fifth. In most cases where the drainage is unobstructed chronic suppuration in the middle ear presents few active symptoms, but let an enlarging polypus or other obstruction interfere with the drainage and the pain, headache, nausea, somnolence, vertigo and sometimes fever are apt to arise. The middle ear and external canal are frequently the seat of rapidly growing polypi and these are the most usual cases of obstruction. Many illustrative cases are seen by every aurist.

Sixth. A more rare but more dangerous complication than any of the above is acute leptomeningitis. I've seen no case in private practice, but recall several observed in hospital clinics. In each instance the patient walked into the clinic, had no sense of alarm nor anxiety. In one the condition was strongly suspected because of the dizziness, nausea tremor, recurring mild delirium, and more especially because a probe passed into the tympanum easily found its way through a dehiscence about the squamo-petrous suture, and was felt to impinge on the dura. Operation revealed a spot of localized pachymeningitis smaller than a quarter, but opening the dura arachnoid and pia showed film (strongly resembling a spider web) of pus thinly overspreading the exposed cerebrum. A drain was inserted, and this patient recovered,—a result not more gratifying than unusual.

Another case was in a boy of fifteen with ear discharge of ten years standing,—came for relief of headache. Entered the hospital in the afternoon for operation next day. The signs and symptoms pointed strongly to pain from retention of pus. That night he began with violent convulsions and died in two hours. The autopsy showed lepto-meningitis extending over most of the cerebrum.

Chronic middle ear disease is the most usual cause of brain abscess. If the infection enters through the tympanic roof, the temporal lobe of the corresponding side will most likely be the seat of the abscess; but if the skull be perforated through the mastoid portion into the posterior fossa, then the cerebellum will suffer. The latter is well illustrated by the following, which, however, did not occur in my practice: T. D., white, male, aged about 15, walked into the hospital with history of a chronic discharge from left ear. It had never caused symptoms, but within a month the patient had suffered several attacks of severe headache and nausea. When first seen he was dizzy (fainted in the reception room) and his sister says he is silly—talks and laughs at random. Pulse is slow, but insists that he is not sick other than headache. He was put to bed for observation and his condition thoroughly studied by internists, nerve, ear and eye specialists for four days. He was operated on, the surgeon finding an abscess the size of a goose egg in the left hemisphere of the cerebellum. In this case the nerve head showed a marked choked disc with some retinal changes beyond, despite of the fact it had been impossible to demonstrate a diminution of visual acuity. In all cases of suspected cerebral disease the ophthalmoscopic study of the eye ground is a valuable adjunct in diagnosis.

Eighth. Probably the most frequent of fatal sequella of chronic suppurative otitis is pyemia. This is expected when one remembers that the lateral sinus and jugular bulb are in immediate relation with the mastoid and a large vein from the latter pours its poisoned blood direct into the sigmoid sinus.

The dangers, complications and nature's final triumph in these cases is

well illustrated by the following: A H., white, female, age 15, had severe scarlatina at ten complicated by acute nephritis, pulmonary abscess and suppurative otitis in each ear. After several months she regained fair health, but notwithstanding she was treated by several specialists, the discharge continued for nearly two years when it stopped, leaving each drum membrane with a large perforation. The latter hiatus was the occasion of the present misfortune. While in swimming patient got water into the ear and that night began a violent acute exacerbation of an old necrosis. Four days later she showed suspicious symptoms of general infection. Dr. Thigpen, of Montgomery, was asked to see her and under his direct guidance and supervision the right mastoid was opened, thoroughly cleaned, tympanum and mastoid scraped out, and all visible dead bone removed. At this time Dr. Thigpen tapped the lateral sinus with a sterile knife and found the contents fluid. The immediate effect of the operation was to relieve all headache, but the fever, sweats, diarrhea and mild jaundice persisted. Four days later, after hearing my unfavorable report of her condition, Dr. Thigpen wired to tap the sinus and if clot was found to scrape it out. I'd had no experience with this operation, but attempted it and removed a large clot which extended to and possibly beyond the jugular bulb. The girl was better for several days, but within a week developed metastatic abscesses in one knee joint, one wrist and elbow, one ankle and four finger joints. Some of these were drained by incision. She had another pulmonary abscess near the site of the one following scarlatina six years before. This second abscess later burst into a bronchus and rapidly emptied itself almost strangling the pa-

tient. She had all the stimulants and other medicines which seemed indicated. Antistreptococcus serum like the other remedies did no good. The patient simply wore out the disease—overcame the infection, but was left with several joints more or less ankylosed. She subsequently spent eight months under Dr. Michael Hoke in Atlanta, and he succeeded in improving the joint trouble greatly. At present her hearing is fair, her general health good, and while neither gives trouble at present, one still fears the unopened mastoid may develop complications.

In conclusion I would say:

1. Most acute suppurations are probably due to preventable causes like adenoids, neglected colds, etc.
2. Acute suppurating ears can generally be cured if promptly and energetically treated.
3. Cases resulting from grip, diphtheria, measles and scarlatina are more virulent, but even these will generally respond to treatment.
4. Chronic suppurative otitis media is most always secondary to the acute condition, and is amenable to antiseptic therapy in many instances.
5. If medical measure fail, surgical intervention will almost surely save the patient serious complications in after years.
6. Headache, nausea, vertigo, fever, somnolence, tremor and disturbed vision occurring in one with chronic ear disease are always *alarming* symptoms, and are usually an urgent demand for surgical relief. — *Alabama Medical Journal*.

*Read at the meeting of the Medical Association of the State of Alabama at Mobile, April, 1907.

The Benefits of the Morning Bath.

A daily bath should be taken regularly on rising. The temperature of the water should be cold, or at least cool, so that a strong reaction will be produced. The application should be brief, not more than half a minute to one or two minutes at the longest, and should be followed by quick drying and vigorous rubbing with a towel. The lower the temperature of the water, the shorter should be the duration of the bath. The purpose of the morning bath is not cleanliness, although it aids in keeping the skin clean, but is skin gymnastics, or training. When very cold water is applied to the skin, there is a sudden contraction of the blood vessels. This is quickly followed, after the application, especially when the skin is thoroughly rubbed, by a dilatation of the vessels of the skin, which causes reddening of the surface and a feeling of warmth, though the skin may still be cool, and a general sensation of bouyancy, exhilaration and vigor.

This sort of bath is a real exercise or vasomotor gymnastics for the skin. When taken daily, the nerves and vessels of the skin are maintained in so healthy and vigorous a state they are able to quickly react when exposed to the cold, thus avoiding the injurious effects which follow slight exposure, and in most persons give rise to what is commonly known as "a cold," a condition which not infrequently serves as an introduction to pneumonia, consumption, chronic catarrh of the nose, throat or chest, rheumatism, and various other maladies. Persons who practice daily cold bathing are little subject to colds.

The idea that the daily bath is debilitating and injurious, and especially that

cold baths are weakening and dangerous and lead to consumption, etc., is, says Dr. J. H. Kellogg, entirely an error. It is only the abuse of the bath that is to be condemned. A short cold bath taken in a warm room, followed by a vigorous rubbing and exercise until a good circulation is established, has never been known to injure any person; but care must be taken to secure prompt and thorough reaction. If the hands and feet continue cold for some time or the head aches, the bath should be shorter, the rubbing more vigorous, or perhaps the exercise should be continued for a longer time. By degrees the ability to react improves, so that colder water and longer applications may be advantageously employed.

The benefits of the cold bath are not experienced in the skin alone; the whole body partakes in the reaction. The contact of the cold water arouses the brain and the spinal cord, the heart, lungs, liver and every internal order to renewed activity. The heart pumps with renewed vigor, blood is forced into every nook and corner of the system, the sluggish brain is aroused, the slow stomach is awakened to action, its glands are stimulated to produce gastric juice, a craving for food follows, and with the improved appetite comes improved digestion. The whole body is excited to increased activity. With the dilatation of the surface vessels and the filling of the skin with blood, the congested brain and other organs which have been overfilled with blood are relieved; their burdens are lightened, and the wheels of life run more swiftly and with lessened friction. The cold morning bath is the most powerful of all tonics known and its daily employment is a duty which every civilized being owes to himself. It is not simply cleansing or polishing

the outside of the body temple, but through the association of the inside with the outside its effect is a brightening and polishing of all the temple furniture and of every inner department.—*How to Live.*

The Medieval Medicine Man.

(Ye Olde Tyme Vyllage Docktor.)

Partly as observed or experienced by the author, and partly as narrated sixty-five years ago to the author, by his parents and grand parents, who all had received the correct information from their parents, and their grand parents; therefore this poetical legend, written by request of, and dedicated to James S. Sprague, M. D., Stirling, Ontario, is a perfect life-like pen and ink descriptive picture of Ye Antique Village Doctor, and his "modes" and "means," "schemes" and "customs," extending possibly as far back as the 16th century, with no illusion whatever to physicians of the present golden epoch.

Sojourning where enchanting scenes of
childhood met my gaze,
Surrounding sits reflected
startling reminiscent rays
That brought to memory's fond
review, vast visions of the past,—
Life's "morning" hopes of happiness
that "evening" sorrows blast,
and ends in death at last.

Forgotten folly, freak and fun
reoccupied the brain;
In mystic recollection dream,
I lived a boy again,
And in the phantom haze, beheld
him versed in human life,
Who posed as VILLAGE DOCTOR,
knight of sticking salve and pills,
amidst the bills, and rills.

He wore his wonted, winsome smile,
for rich and for the poor,
Betrayed bewitching courtesies

And had retained his hearty shake
where pay is prompt and sure,
with puny, physicked soul,
Who wasted wealth on malady
no doctor can control,
nor shun the "shallow shoal."

Appeared in ye brass-button coat,
high-collared, "cutaway,"
Boots, belt, tie, gloves and "dicky"
added tone to his array,
Vest corded-camlet, silken 'tile,"
pants corduroy, buff-shade,
Of full inflated "bosom,"
reigning craze in that decade,
that caught the modest maid.

He rode a knee-sprung Tippo nag,
stiff, steady in its jog,
Of step so uniform each joint
seemed set with wheel and cog,
While thistles decorated mane,
that stemmed the gusty gale,
Punched burs bedecked the foretop,
and pea-straw adorned the tail,—
seized for debt at forfeit sale.

His saddle-bags of wolf-skin,
that he tanned with salt and lime,
They bore a score of pygmy phials,
the custom in his time,
Containing sore specifics
that "ye olde" profession true
Up to those hours primitive,
for man's life ever knew;
Physicians now eschew.

Smoked Cavendish tobacco
in ye "Ir'sh mearschaum" pipe;—
For ailments of the stomach
always recommended tripe;—
Believed the hair of a canine
will "surely cure his bite,"
And him who dared to disagree
he dubbed "a blatherskite";—
An ignoramus, quite.

A country call to come at once
he always answered quick,
Then in his meekly, manly manner,
sweetly soothed the sick;

And oftimes when departing
 low and lovingly he said
 That only for his prompt response
 the patient's life had fled,
 and tears with others shed.

Each month his itemized account,
 in full, was sure to come,
 Not merged all into one condensed.
 incomprehensive sum;
 If charges were excessive,
 blushes hid behind his "smirk,"
 To veil fears of detection
 that in guilty conscience lurk;—
 Ancient trick to trouble burke.

Complaisant, gracious, generous,
 subscribed to every want;
 When called, or sent, he freely went
 to pauper's hovel-haunt;
 To church at week-day prayer, was
 there, and let his voice be heard;
 And bills, if paid on Sunday,
 only fools, he said, demurred;—
 too often it occurred.

In cases where 'twas naught but
 scarce, when pulse the doctor felt,
 Magnesia aqua tinctured, he
 prescribed, and deftly dealt,
 Then ordered table-spoon full
 dose, each hour for the spine,
 To be continued strictly 'till
 he called again at nine
 with milder anodyne.

Occasion in a wealthy home,
 he never deemed it wrong
 To practice tact, that many lacked,
 "attendance to prolong,"
 In which he oft succeeded well,
 his faithful friends among,
 And diagnosed dyspepsia
 as congestion of the lung;—
 And many a heart he wrung.

He'd mince-meat any "blawsted quack,"
 if "spotted" spooning 'round;
 Possessed sufficient calibre
 himself to cover ground;

The ailments flesh is heir to,
 were, by him, all understood;
 Itinerant empiric greet
 the doctor never would;
 One of stone, or wood, as good.

In sporting he was leader
 of each antiquarian game,
 To dire disease he failed to cure
 he gave a Hebrew name;
 And claimed to be professionally
 wise, and very great,
 But born, 'twas thought, too early,
 or alas! conceived too late,
 with brain not over weight.

Used opodeldoc, honey balsam,
 antidote for germs,
 Pukes, plasters, Wister's Pectoral,
 and vermifuge for worms,
 Unguentum, radway, oil of spike,
 Mustang for women's woes,
 With Fanstock, asafetida,
 and drugs nobody knows,—
 prescribed for deathly throes.

Pond's pain destroyer, Brandreth's
 pills, magnetic ointment, rum,
 Hive syrup, Giles emulsion,
 bark and gum of spruce and plum,
 Medicamentuin, paragoric,
 Lightning oil for aches,
 With Ashford's cordial, sovereign
 balm and remedy for "shakes,"
 that thirst for liquor slakes.

Goose oil, internal liniment,
 eye-salve, herb, shrub and root;
 Precipitate and poultice
 he applied from head to foot,
 Then "tapped" the arm to ascertain
 if blood was rich and red,
 And bled and blistered, till a fellow
 might as well be dead;
 when such a life is led.

He bled the fat to make them lean,
 the thin to make them stout,
 For pimples, tumor, inflammation,
 abscess, ague, gout,

Successfully Prescribed for Twenty Five Years

*Rheumatism
Neuralgia
Sciatica
Lumbago
Malaria
Grippe
Heavy Colds
Gout
Excess of Uric Acid*

**Relieves Pain
Allays Fever
Eliminates Poisons
Stimulates Recuperation.**



Samples by Express prepaid - Mellier Drug Company, St. Louis.

Lumbago, salt rheum, rickets,
ulcer, vertigo, catarrh,

Colds, cancer, wen, consumption,
and sent many "cross the bar,"
To radiant realms afar.

Bled too for gangrene, dropsy, sprue,
hives, chicken-pox and sprain,

Piles, whooping-cough, itch, asthma,
chill, croup, gripes and gravel pain,

Rheumatics, measles, milk-leg, mumps,
fits, fevers, running sore,

Boil, bunyon, cramp and carbuncle,
and scald-head by the score;—
Barbers bled in times of yore.

Steele's liniment, internal, mentioned,
neighbor-nurses told,

Would stop the movement of the
bowels, and harmlessly withhold

For twenty days; and during term,
suffering from the "lift,"—

And every day escaped the awful
suffering from the 'lift',—
They thought it heaven's gift.

If bleeding, broth and blistering,
the patient could endure,

Next calomel, and jalap, gave,
that either kill or cure,

Then mouth, if sore, the molars loose,
and bile the powders drew,

The cottage he placarded:—
"Patient Likely to Pull Through";
None doubted that he knew.

From retrospection here portrayed,

The inference may be drawn
Of doctor's skill and practice
in ye periods past and gone;

All handed down, in verbal
and historical relays,

Delineated in this sketch`
of doctor's wiles, and ways,
in dark primeval days.

S. STANLEY HOWELL.

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Editorial.

Originality in County Society Meetings.

Readers of the editorial columns of the Journal for the past two or three years are, or ought to be, assured of my interest in organization and especially the influence of the County Society. From personal knowledge of a limited number of county societies of the State and conditions indicated by reports from others, I am convinced that there is a need of radical reform in the programmes of our meetings if we would secure from them the full measure of usefulness they are capable of affording. The potentiality of the county society surely has never been fully realized.

The great drawback to meetings of county medical societies is the want of attendance. It is no incentive to a faithful few to leave their work and drive anywhere from 10 to 20 miles to the county seat on the appointed day for a society meeting, only to find a

small handful, not enough to make a quorum. Officers absent, essayist often failing to put in an appearance, even the physicians of the town conspicuous by their absence, well in such cases often repeated, the country doctor cannot be blamed if he should loose interest in trying to get to a county medical society meeting.

What is the cause of this apathy? There must be a reason for this indifference, or perhaps there are several reasons, yet it is evident there is an underlying cause general in its character for this wide-spread carelessness on the part of a large portion of the profession in regard to the society meetings. There is a want of harmony on the question, and many writers have advanced the idea that this arises from petty jealousies within the ranks of the profession. On this point a recent writer has this to say (*Fair. Medical Council*, Oct., '07), viz:

"Of course in a community where one doctor stands ready to knife his

brother practitioner at every opportunity to deal with local common interests, for there can be no common interest while such conditions exist, because no doctor would speak of his personal affairs for fear of giving his rival a possible opening or presenting a vulnerable point. Happily the time is almost past when members of the same society are jealous or suspicious of one another, and I hope the day will soon arrive when our interests will be more mutual. The members of nearly every other clique and clan are loyal to each other."

The point of the loyalty of clans to each other is well taken and should be accentuated for of all parties or leagues, the alliance of the doctors should be the closest and strongest. None need the help and sympathy that can be given only by those of like experiences, than the doctor, and no where will such help and sympathy be more appreciated. The hope expressed in the above quotation will be voiced by all who have the interest of the profession as a whole at heart.

I am loath to believe that jealousy is the general cause of this condition. That it may influence a few can be admitted. The study and practice of medicine cultivates too broad a spirit for such unworthy motives to find lodgement in and very considerable number of its votaries.

Fair, above quoted, holds that there is not enough originality in our programmes. This is worthy of consideration for, as he says, while the times and necessities have materially changed there is no change in the manner of conducting a society meeting from that of ten years ago—he might have put it thirty, at least this is my observation. These didactic studies were of benefit, because of the scarcity of books, medi-

cal journals, post-graduate courses, and shorter terms of college instruction. Now there are in the reach of every doctor who cares to avail himself of their benefits. Text book discussions are rarely of interest to a medical society. They can be read with more profit in the individual office.

Taylor (*Monthly Cyclopedia*, Aug., '07), has written an admirable paper on "What Constitutes a Practical Medical Paper," and while it was with special reference to journal work, it is also applicable to papers to be read before societies. From this I make a few quotations:

"They (the papers) are chiefly criticized as deficient in practical qualities in failing to furnish definite information leading to the solution of clinical problems." * * * "An erroneous impression prevails that it is not worth while for the active practitioner untrained in literary, laboratory or hospital to publish their experiences." * * * "If that vast army of intelligent, well-informed, careful practitioners with which America is furnished, yet who remain silent as to print, would keep accurate notes of their findings by placing them on record, they would aid greatly in elevating the position of medical science." * * * "That medical paper is most practical which states the proposition fairly, presents the facts concisely, analyzes these clearly, estimates the underlying points, physiologic, pathogenic and other accurately, builds up the argument logically, deduces conclusions: (1) those obvious or inevitable, (2) those reasonably certain, (3) those inferential, or (4) possible." * * * "The reading public want practical articles." * * * "The material for practical articles is plentiful."

Originality in society programmes means more than the writing of practical papers, for these, while not always

in evidence, are by no means rare. It means that new life must be introduced, that something more than the appointment of an essayist and a leader of debate must be undertaken. The doctor of to-day wants fresh ideas; he must be interested if he is attracted to the society meetings.

Fair (*log. cit.*) suggests pleasant entertainment or even surprises. Make it fill a place in the doctor's life that nothing else can. Most doctors appreciate a day's pleasure and relaxation from the cares of practice, but in attending a society meeting something profitable in his work is to be desired, so care must be taken that there is a combination of both work and amusement in the programme.

Therapeutic Pessimism.

There is no room or place in any department of life for the pessimist. He is an excrescence upon the body politic. He impedes progress and tends to pull down, to destroy rather than to build up. He is narrow, generally, if not always bigoted, and intollerant of the views of others. He may be learned in many things, and reach great heights of fame in some special line, but where ever the spirit of pessimism dominates there is an influence detrimental to advancement.

In no sphere is this more true than that of therapeutics, and the fact that there has developed in the last few years a wide-spread doubt as to the efficiency of medicines as such is to be deplored. The first consideration of the physician is the patient. Any want of confidence on the part of the physician as to the remedies to be used, or an implied doubt even, will have its bearing upon the patient, more or less detrimental according to the circum-

stances present. For whatever our belief of suggestive therapeutics we cannot deny a psychic influence or that there is a "Psychology of the Sick Room," as it is put by Hunter (see Department of Selections).

That this spirit of doubt has gone beyond the profession and is permeating the minds of the laity is easily demonstrated. The proof is before us every day in the demands for something new in the treatment of disease, the running after "cults," the testing of "isms," and the adherency to "faith cures," etc. There may be other factors in the production of this spirit of unrest with the public in reference to treatment of disease, but it cannot be gainsaid that the profession's doubt of his remedies tends to the production of a loss of confidence on the part of the public in both the physician and the remedy.

Take away the faith of the patient in the doctor and the battle is practically lost. The psychic influence of remedies on the patient cannot be disregarded. Outside this feature we know that there is virtue in medicines *per se* for the relief of morbid conditions. Chemistry and physiology teach it, and it is daily demonstrated by personal experience, though this is often of rank empiricism.

The causes for this pessimism in the administration of medicines are various and it would be hard to say which is the most potent. Of late years there has been more attention paid to diagnosis than to treatment, regardless of the fact that your patient will care very little for the name of the morbid condition present or its cause, if you must tell him that you have no remedy for his relief. This effort to make a correct diagnosis brings into prominence the pathologist and the laboratory worker, both of whom are often more deficient in therapeutics than is allowable for

their claims as instructors in the treating of disease.

This pseudo-scientist, versed in one department of medicine, and seeing only his own department is prone to deny the influence of drugs over disease. On this point a quotation from an editorial (*Cent. States Monitor*, Aug., 1907), is applicable: "Authors and others who are called scientific men, brilliant in other avenues of medicines, have seen fit to cast a slur upon the action of drugs and their application to diseased conditions. Such person forfeits his right to the name of leader and his writings should have little weight with the medical student or any one else."

J. Madison Taylor (*Clycox Med.*, June, '07), criticises Osler, perhaps the leader of that school of pathologists which discredits drugs, as follows: "Furthermore, to use again this charming man as illustration, he is an avowed materialist, a scoffer at therapeutics, has never studied seriously how to do the uttermost for a sick person. Such statements as he lets fall about therapeutics, like thunderbolts from the head of a self-appointed Jobe, are therefore, to the last degree, misleading, unfair, an insult to that heritage of helpfulness evolved by centuries of observation, quite as accurate, and vastly more useful, than many of his (by no means well rounded) experiences. He has initiated a special school, a following, the natural growth of his individual brilliancy, industry, personal charm, and stimulation, the members of which seem to have the conviction that by them is known all that is worth knowing, or by way of being learned. They are permitted to dominate medical opinion far in excess of their demonstrable worth. In America, fortunately, there are immense resources of knowledge, especially on the lines of therapeutics, which have no such clarion-tongued prophets as repre-

sent the dead-house men, even the bacteriologists. The time will come, it is ripe even now, when this priceless aggregation of careful observations will take philosophic shape, emerge from the chaos of inadequately systematized relationship, and declare itself in a mass of understandable rules."

Another source in the production of the conditions under discussion is the inadequate instruction in medical schools in the principles of therapeutics and administration of drugs. Remedies are not sufficiently studied. This evil has been recognized for some time and efforts towards its correction are now being made with fair prospects of success.

Some minor factors tending towards discrediting drug therapy are the influence of the surgeon in urging and making operations often unnecessarily, and the proprietary manufactures with their oily-tongues detail men instructing the doctor who was practicing medicine before the aforementioned detail man was born.

The intention here is not to condemn the surgeon and laboratory worker in toto, but the plea is made that more prominence be given drug therapy for the benefit of the patient and progress of medical science.

The remedy is in taking an optimistic view of our armamentarium. Avoid polly pharmacy, study one remedy thoroughly at the bedside and know both its possibilities and capabilities. One remedy well known is worth a dozen half studied. Combine laboratory findings with clinical experience. Let each physician think for himself instead of blindly following the lead of an authority, for in medicine we have no authorities. Above all, let the patient and his welfare be paramount to every other interest or thought.

Abstracts.

The Indications for Surgical Intervention in the Treatment of Chronic Suppurative Otitis Media.

(By H. O. Reik, M. D.)

Dr. Reik explained the pathology of this disease and referred to the various methods of treatment, according to the conditions encountered in different cases. The prognosis of chronic suppurative otitis media was stated to be good if proper methods of treatment were employed, and he expressed the belief that if due care was exercised in diagnosing the factors accountable for chronicity in each case and conscientious efforts made to remove or overcome them, that only a small minority of even the most chronic otorrhœas would require the so-called radical operation. He believed that this operation should properly be held in reserve as a last resort for those cases which do not succumb to milder forms of treatment or simpler surgical measures. He weighed carefully the risks of the operation, under which heading he considered possible mortality from the operation, possible facial deformity, failure to cure the otorrhœa and further impairment of the hearing, and, balanced against these risks, the well recognized danger of such serious complications as may arise from leaving the disease untreated, *i. e.*, cerebral abscesses, meningitis and otitic septicaemia.

After carefully considering all of these points in detail he offered the following rules for guidance when consid-

ering the treatment of persistent chronic suppurative otitis media:

1. Broadly speaking, practically every case of suppurative otitis media is assumed to be susceptible of cure by one means or another.

2. Every case of chronic suppurative otitis media, without symptoms of intracranial invasion, should be treated patiently and persistently for a reasonable length of time, *but not indefinitely*, by well directed efforts at cleanliness and antisepsis through the external auditory canal. When it becomes evident that these simple measures or minor operations cannot cure the disease, tympano-mastoid exenteration should be advised unless in a given case there exists some special reason to justify delay and the risks of the disease.

3. The possible dangers of the operation are believed to be far less than those of the disease.

4. The patient should be told that not every case is curable, even by an operation (the percentage of cures in the obstinately chronic cases probably approximating 70 per cent.), that the hearing power will probably not be improved and may be somewhat impaired, but that the serious nature of his disease warrants surgical intervention as a prophylactic measure. — *Maryland Medical Journal*.

J. Tyson, Philadelphia (*Journal A. M. A.*, November 9), says that the problem in diabetes is either to restore the carbohydrate metabolism or to substitute some other source of energy and heat. Direct efforts to accomplish the former have failed, but it is possible

for proteid metabolism to take the place of carbohydrates to a degree. Fortunately also, in many diabetics there is still a certain capacity to assimilate carbohydrate, and by this, together with proteid metabolism, the health can be more or less maintained. The dietetic treatment is of the first importance, and the first step is to ascertain how much carbohydrate is assimilable and to give this much or a little more. Each patient is more or less a law to himself, and the food trials must be checked by frequent quantitative analyses and weighings of the patient. The best method is to place him at first on a purely proteid diet, and if sugar disappears in the urine to add gradually small amounts of starch-containing foods until sugar reappears, such reappearance beyond 2 per cent. being the signal for stopping the addition of carbohydrates. The patient should be put again on a purely proteid diet for about five days once a month to see how far the sugar output is controllable. Tyson notes the difficulty of obtaining palatable bread containing only a minimum of starch in this country, and gives the results of analyses of some of the advertised preparations. Dietetic treatment is rendered more efficient by hygienic and medicinal measures, and of the former, he specially mentions keeping up the action of the skin by daily bathing in tepid or hot water, assisted by friction and massage and exercise short of fatigue. Steeping in a large and well-ventilated room or even out of doors favors the combustion of carbohydrates. Constipation is to be specially avoided, and he has found large high injections once or twice a week, in addition to the ordinary purgatives, very useful. Calomel is a purgative especially indicated, but large doses may be needed. The medicinal treatment,

though not very satisfactory, should not be neglected. If it be possible to get at the cause, its removal is, of course, indicated. Tumor in the fourth ventricle, specific or otherwise, may possibly call for operation or specific treatment. There are some cases that seem to be connected with gout, or rheumatism, and if the pancreas is certainly at fault, pancreatic preparations may be tried. The only remedies that seem to have a direct influence on diabetes without regard to its cause are opium and arsenic. We do not know how these produce their good effects, but Tyson thinks it more than likely that opium acts by quieting the nervous influence that aggravate the symptoms of diabetes. It must not be used, however, in constipated patients, as its added constipating effect makes the condition worse and increases the danger of diabetic coma. He prefers to use codein instead of the crude drug, beginning with a quarter of a grain three times daily, and adding a quarter of a grain daily until the desired effect is produced or the daily dose reaches 4 or grain daily until the desired effect is 5 grains. Arsenic is much less effective. Tyson has sometimes thought that it acts by aiding oxidation. His favorite preparation is Fowler's solution, which he prefers to give in rather small doses extending over long periods without interruption rather than to produce the physiologic effect of the drug. The coal-tar derivatives are now seldom used and are likely to be beneficial only in mild cases. Hedonal and aspirin have been recommended; their effect may be like that of opium. The bromids may be sometimes useful. Tyson sees some prospect of good in organotherapy, more especially in the injection into the blood of the amyolytic secretion of the pancreas. Some claims have been made for "secretin," the

active principle of the succur duodenalis, but to make its trial complete it will need to be used hypodermically. The treatment of complications is mentioned in conclusion, the use of alkalies in diabetic coma, threatened or actual, the use of local applications for pruritus, etc. The prophylactic restriction of sugar and starch in the diet of those hereditarily disposed to diabetes and obesity is also mentioned. Too little attention, Tyson says, has been paid to this matter in the past, chiefly because the attention of physicians has not been called to the existence of such a hereditary tendency until after the disease has established itself.

Kohn's Lung Suction Mask for the Hyperemic Treatment (Bier) of Pulmonary Tuberculosis.

(Medical Record.)

Meyer reviews the history of Bier's hyperemic treatment of tuberculosis, especially as relates to producing a hyperemia of the lung by slightly obstructed breathing. He mentions the following points in regard to Kuhn's mask:

1. That the beneficial influence of the mask will naturally be best shown in cases of *incipient* pulmonary tuberculosis, or better still, when used as a prophylactic.

2. That also advanced cases are greatly benefited by it, *as long as chronic toxemia and pronounced weakness of the heart do not render impossible any kind of improvement.*

3. That the risk of hemorrhage from the lungs does not forbid its use; on the contrary, there seems to be a diminished liability of a return, as the granulations in the lung tissue apparently get stronger under the application of

the mask, same as we observe this in granulations on the surface of the body, while under hyperemic treatment.

4. That post-mortem observation of the lungs of a patient who died of chronic intestinal tuberculosis and in whom the mask had been used for several months, has shown the foci isolated and surrounded by a mass of new-formed connective tissue, the latter being in the stage of cicatrization. Further observations of pathologists will be received with great interest.

5. That, on account of the larger quantity of blood being aspirated into the lungs, more oxygen enters the circulation; furthermore, that in consequence of the resistance offered to inspiration, the entire system of respiratory muscles is strengthened, on the basis of the idea underlying the well-known "Swedish movements" method.

6. That by thus improving the constituency of the blood, the use of the mask not only incidentally improves the usual anemia of ofophysical patients, but promises to become one of the most powerful physical aids, so far known to us, in our fight against ordinary anemia.

7. That, according to the degree of obstruction to inspiration arranged for, the mask produces the effect of various high attitudes on the general system, that is to say, it rapidly increases the number of red and white blood corpuscles, of the latter especially the polynuclear neutrophiles, and the percentage of hemoglobin. This is produced by the irritating effect of the condition of reduced tension of oxygen in the blood on the blood-producing tissues of the body, principally on the bone-marrow.

Inasmuch as the increase of the blood elements begins very early, one hour after applying the mask, it will be interesting to watch whether the obstructed inspiration might not be used

to advantage in surgical patients, especially after abdominal operations, to produce artificial leucocytosis.

8. That the mask incidentally has proved of great benefit in relieving the pulmonary circulation in cases of advanced valvular disease of the heart, as also in cases of obstinate asthma.

This physical treatment of pulmonary tuberculosis will, of course, not do away with the well-tried and time-honored treatment by means of tuberculin, pure air, rest, forced nutrition, proper drugs, etc.

It is but another, though most important link in the chain of our therapeutic resources in the fight against and probable ultimate conquest of this scourge of mankind.

The Three Class (Frei-Bank) Meat System.

C. W. Stiles, Washington, D. C., (*Journal A. M. A.*, November 2), points out the advantages of the Germany "Freibank" or compulsory declaration of the condition of inferior meats over our present system of making no intermediate grade of meats between those absolutely free from disease and those condemned. If a form of the "Freibank" system, he says, "slightly modified to suit the conditions of this country, could be adopted in place of our present two-class system of meats, the result would be that not only would we have a method by which a considerable economic loss could be saved to the country, but, more important still, we would have a method at our disposal, which would doubtless be a great aid in helping to eradicate tuberculosis from the dairy herds." Meats could be divided as follows: Inspected and passed. There would be such as could be placed on the market without restriction. 2. Inspected and

passed as Freibank meats. This class could include all meats which could hardly be allowed on the market without restrictions and in fresh condition, but which could be safely (in a sanitary sense) allowed on the market if properly cooked. To eliminate fraud, it would seem wise to require that all Freibank meats be cooked. If prepared in a registered abattoir they could best be canned, the caps stamped in raised or depressed letters, "Inspected and passed as Freibank meat." If sold uncanned by a local butcher, state and local regulations should provide that they be cooked and sold under declaration. 3. Inspected and condemned: This would include meats unconditionally condemned as unfit for food. The objections to such a system are reviewed, and Stiles shows that under the restrictions above mentioned there can be no valid objections to the system on sanitary grounds, that a considerable portion of our foreign-born population are already accustomed to the system, and that it was already partially in force under our former meat inspection laws. The fact is, also, that local butchers are constantly selling such meats without the guarantee that the Freibank affords. The greatest argument, however, in favor of the changes, in Stiles' opinion, is in the possibilities it offers of aiding in the eradication of tuberculosis. The laws regarding the destruction of cattle reacting to the tuberculin test in force in some states and proposed in others are needlessly onerous and unscientifically severe, and therefore can not command the cordial co-operation that is necessary to their full success. If, however, such animals could be sold to be slaughtered under inspection and the owner get full packing value, the objection could be done away with. If examination shows the tuberculosis

only localized it is worth practically 100 per cent. If the tuberculosis is such that the meat can be canned it is worth about 59 per cent. for its meat, plus the value of the hide. The extirpation of tuberculosis in cattle would naturally decrease it also in swine and the supply of usable meat would be still more increased. These possibilities are already illustrated by the practice in Denmark.

Errors in the Diagnosis of and the Treatment of Diseases of the Skin—Don'ts in Dermatology.

—*Therapeutic Gazette.*

Buckley, in an excellent article, gives the following "Don'ts in Dermatology";

1. Don't be too hasty in a positive diagnosis, certainly not from inspecting any single portion of an eruption; many a cutaneous disorder will present very different appearances in different localities.

2. Don't fail to examine each and every part affected, both for diagnostic and therapeutic purposes.

3. Don't forget that a patient may have several entirely distinct and different diseases of the skin at the same time, one of which may mask the other and confuse the diagnosis.

4. Don't neglect to get and keep a full written history of every case, recording symptoms at each visit, with the effect of remedies, and abbreviated copies of prescriptions given.

5. Don't fail to use a magnifying glass in observing and studying all lesions on the skin, however good the vision may be; it demonstrates details in eruptions which the naked eye overlooks.

6. Don't lose sight of the value of the microscope when there is any suspicion of a vegetable parasitic disease.

7. Don't forget that syphilis is a great imitator of many diseases of various organs, and that in most dermatological statistics it forms about one-tenth of all cases.

8. Don't fail to establish the fact clearly whether syphilis has or has not anything to do with the special case under consideration.

9. Don't exclude syphilis simply because of the absence of a venereal history, if the character of the eruption and sufficient history and other symptoms corroborate it.

10. Don't ignore the fact of the relative frequency of "syphilis in the innocent," and don't fail to search for the present or past point of entrance of the poison by means of an extra-genital chancre, when other explanation is absent.

11. Don't overlook marital infection or hereditary acquirement of syphilis, although the latter seems to be much less frequent than in years past.

12. Don't forget, in cases which are at all doubtful, to use the analytical method of diagnosis, noting down any and all eruptions which might look like the one under consideration, and then, by a process of exclusion, eliminate one after the other, until the one is found which answers all or most of the requirements.

13. Don't forget, while studying the eruption in order to establish a correct diagnosis, that the patient commonly requires to be studied also, to enable him to understand the proper basis for treatment.

14. Don't forget that to have a healthy skin the body must be healthy, and all its organs must perform their functions in a proper manner.

15. Don't forget that the urine affords an index as to how the metabolic processes are performed; also that while

there may be no albumin, casts, or sugar found in it, its chemical constitution may be far from normal and indicate great metabolic errors which should be corrected.

16. Don't forget that diet and hygiene may play a very important part, as contributory causes at least, in many eruptions, and that when they are faulty treatment may be proportionately unsatisfactory.

17. Don't imagine that arsenic is a panacea for diseases of the skin; experience has shown that it has relatively little if any effect on most eruptions, although when combined with other proper treatment it does often aid in restoring vital tone to many portions of the body.

18. Don't simply give iodide of potassium when in doubt, or when a possible syphilitic nature of an eruption is suspected; if the eruption is due to syphilis it should be so diagnosed and efficiently treated with mercury also, even to the end.

19. Don't fail in your duty to syphilis, both in guarding against the infection of others and also in securing for them effective treatment, sufficiently prolonged, to guard them against the serious possibilities of neglected syphilis.

20. Don't attempt too much local treatment in any of the lesions of syphilis; if the disease itself is efficiently treated constitutionally, there is very little need of other than the simplest local measures.

21. Don't be too vigorous or active with local treatment in any disease of the skin, unless you are very well acquainted with the remedies employed and feel that you understand the skin of the patient well.

21. Don't forget that much distress, and often harm, is caused by too stimulating and irritating applications, and

that the skin is a delicate organ, when the epidermis has been removed or profoundly altered by accident or disease.

23. Don't suppose that any of the nostrums advertised for commercial advantage can have virtues above the remedies known to the profession, and do not employ them, as is often done, simply as a ready-made article of hoped-for value; whatever is known to be of value should, of course, be used by the profession.

24. Don't try to have too many remedies or combinations of remedies; it is better to have a few tools which one knows how to handle well than to have a vast number with which one is poorly acquainted.

25. Don't use nitrate of silver too freely or too frequently on superficial sores; those of simple character can be often thus stimulated into an epithelioma of serious character.

Medical Treatment of Cholelithiasis.

G. Dock, Ann Arbor (*Journal A. M. A.*, October 26), says that two things have contributed to put the treatment of cholelithiasis on a certain basis: Naunyn's demonstration that gallstones are chiefly due to infection and stagnation of bile, supplemented by Kramer's experiments showing that the colon and typhoid bacilli precipitate bile in the test tube, and, second, the revelations of the actual conditions by surgeons. Prevention must be limited practically to those who have a known tendency as shown by previous infection of the biliary tract. The measures required are generally well known. They consist in regular healthful habits as to diet, regulation of the bowels, moderate exercise, avoidance of tight clothing and anything that can cause

congestion of the portal circulation. Systematic deep breathing is perhaps useful in overcoming such congestions. Among drugs, salicylates are probably of definite value as disinfectants and cholagogues, but they should be watched and stopped if undesirable effects appear. The presence of the stone is less important than the existence of the infection, and the therapeutic problem is not to lessen pain so much as to lessen inflammation and the attendant risks. The majority of the cases, in the attack, are not surgical, but they should be viewed with a surgical eye, and if the physician is unable to do this he should have a surgeon's co-operation. For the attack, anodynes to relieve pain, but not to entirely becloud the clinical picture, are advised. Dock does not use chloroform in these cases. Local hot applications and the hot full bath are useful, but he prefers copious washing of the stomach with hot water or hot Carlsbad water, which theoretically, should lessen congestion and act as a general sedative to the affected tissues. Rest so far as possible and movements of the bowels should be encouraged. The after-treatment depends on the suspected conditions in the biliary tract, and after the acute symptoms have passed especial attention should be given to the occurrence of bile in the urine or stools, leucocytosis, etc. Dock thinks the passage of gallstones out through the common duct a comparatively rare event and that in many cases in which this is supposed to have been the case perforation has actually occurred. Perforation can easily happen in the severer attacks of bilious colic, but he is also convinced that it sometimes occurs with symptoms so mild as to be overlooked at the time and only discovered by operation or autopsy. In conclusion, Dock expresses the opinion

that olive oil may possibly be of some service in reducing gastric hyperacidity and hypermotility, thus improving intestinal digestion and relieving some of the symptoms.

Deferred Operation for Ruptured Ectopic Gestation.

Simpson quotes various authorities to show that the teachings are for immediate operation in ruptured ectopic gestation. He believes an immediate operation should not be done unless all conditions are favorable for a successful issue. He has seen 100 cases of ectopic gestation and has yet to see the first patient bleed to death at the time of rupture. A complete review of German statistics show that not more than 5 per cent. of the victims of ectopic pregnancy die from hemorrhage at the time of rupture. A study of hemorrhage from the lungs, stomach, etc., show that death rarely occurs from primary hemorrhage from any of the sources. Any margin of reserve strength after a severe hemorrhage may be wiped out by any very slight additional source of depression or it may gradually increase to normal if the patients simply hibernate for a time. A large number of cases have been reported in which it seemed as if the patient would die and the patients have rallied sufficiently to permit operation a few hours or days later. His plan is to operate at an elective period and under favorable conditions. The elective periods are before rupture, or if rupture has occurred, within as short a time as the most favorable conditions demand for other elective operations can be had. This time may be at once, when little depression of health has been caused, or at any time within several weeks if the patient is well-nigh exsanguinated.

Alfred Hand, Philadelphia (*Journal A. M. A.*, November 16), remarks that there seems to be a tendency in avoiding overtaxation of the digestive powers of infants to go to the other extreme and feed them with milk mixtures that are too dilute. In his dispensary practice, he has recognized four types of infants illustrating the effects of the different methods of feeding. The first is the normal type, the healthy breast-fed infant; the second he calls the condensed-milk type, in which the infants appear fat, but are usually under weight and always rachitic and anemic; the third he calls the mainutrition type, including the majority coming for ilioocolitis or simple indigestion, with more or less marked general atrophy, ranging from a little underweight to the extreme degree in which life is a constant burden. The usual history was that proprietary foods had been more or less largely used. Fourth, the cow's-milk type, a small but distinct class. The infants were usually somewhat under normal weight, but in other respects they resembled the breast-fed infants, although they seemed harder in flesh and more wiry, the color was always good, signs of rickets were inconspicuous, the teeth erupted normally, the resistance was good, as shown by prompt recovery from ailments. Questioning brought out the fact that cow's milk had been used with very little dilution—usually not more than a little lime water. Such cases were numerous enough to impress on him the value of high proteid percentages, provided, of course, the infant can digest them, for each case must be studied by itself. The term "low proteids" is a relative one, but is here used for any percentage below half that in whole cow's milk. According to Hand's experience, cow's milk being harder to

digest, when used in infant feeding, needs to contain a higher percentage of proteids than human milk to give satisfactory results. The average healthy infant, after 2 or 3 months of age, has a sufficient reserve digestive power to manage a milk mixture containing 1-8 per cent. proteid—the amount contained in cow's milk diluted one-half. There is a class of infants, however, recruited largely from those who have been bottle-fed from birth or who have had recent gastroenteritis, who can not manage this percentage, and who suffer when kept on low percentages which they can digest. Sometimes the physician is compelled to keep these patients on low percentages, but, as a rule, better results are obtained from what Hand calls "sthenic feeding," which aims so to modify the milk mixtures that the infant will take those percentages that a normal infant of the corresponding age takes. These percentages may be broadly stated thus: Fat 3.5, sugar 7, proteid 1.5 for first three months.

Fat 4, sugar 6, proteid 1.8 for second three months.

Fat 4, sugar 6, proteid 2 for third three months.

Fat 4, sugar 6, proteid 3 for fourth three months.

Fat 4, sugar 5, proteid 3.6 or whole milk early in the second year.

In all cases he uses clean milk and a cereal dilution, such as barley water. He does not hesitate to use predigested milk or to give pepsin or pancreatin with the feeding, but these are not often required or for a long time. The average time is about two or three weeks.

The Physician as a Factor in the Etiology of Disease.

The International Journal of Surgery, in a timely editorial, states that it is an encouraging sign of the times that medical men are devoting more and more attention to the study of the physical element in the causation of disease as well as in its treatment. That it must be remembered that mental ills are as hard to bear as bodily ailments. A pessimistic attitude on the part of the medical attendant will often vitiate the success of even well-directed treatment. That we have learned this from the charlatan, whose chief stock in trade is optimism. He quotes Dr. Cabot, who says.

"Local affections of the female generative organs, of the throat and nose, and of the stomach, maladies which under judicious mental treatment would disappear or fall into the background, are by local treatment made greatly worse, because the patient's attention becomes directed constantly to one part of her anatomy. A harmless floating kidney is accidentally discovered, operated on, and thereby a first-class chronic invalid is added to the list. A uterine displacement or slight erosion is found, and local treatment follows because of the law which seems to be deeply impressed upon most physicians' minds. 'Whenever you find a local lesion treat it locally.' There follows a severe case of the type of hypochondria sometimes known as 'uterus on the brain,' and familiar, I am sure, to you all."

The Treatment of Syphilis.

Calcium sulphide in one-half grain doses twice daily for an adult is beneficial in recurrent syphilis. Locally, until suppuration actually occurs, hot fo-

mentations of saturated boracic acid solution should be used and the patient well purged. Suppuration having occurred, the eyelash in the center of the yellow area where the pus is pointing should be pulled out, and then if necessary the swelling should be incised and the hot boracic acid fomentations resumed. The more acute inflammatory inflammation having disappeared, the following should be applied sparingly to the edge of the eyelids with a camel's hair brush. R Unguenti hydrargyri oxidi flavi, 1; petrolati, 2. M. fiat ungt. S. Apply night and morning.

A Quinined Vest.

Two girls were going down the street when they passed a man wearing a green vest and a beaver hat.

"Oh!" said the one. "Just see what that man is sporting."

"Yes," said the other; "that reminds me; I've got to buy some quinine."

"How does that remind you?"

"Oh, just the bad taste."—November Lippincott's.

Time was when the doctor had a few remedies whose value he thoroughly knew, and which he wisely employed in the treatment of many diseases, but now we have very many remedies for the treatment of almost every single ailment. Now, how many of us can tell the exact ingredients with their relative proportions of the pills and tablets we are using. Hands up!

The psychological depressions and neuralgias so common in the period following a debauch, are lessened or disappear altogether by the use of celerina.

Newer Materia Medica.

Rectal Affections; Some Therapeutic Suggestions.

(By W. C. Abbott, M. D., Chicago, Ill.)

For rectal ulcer with burning pains at and after stools give atropine gr. 1-500 every hour till the mouth begins to feel dry—adult dose.

Rectal ulcers improve under the persistent use of copper sulphate and of quinine, small doses by the stomach.

Chronic proctitis gives way slowly to saline laxatives with zinc phosphide gr. 1-6 before meals for one week out of each month; neurolecithin for the balance of the month.

Neuralgias of the rectum are relieved by very small doses of jalapia or colocynthin, gr. 1-1000 of the latter every half hour.

All rectal affections are rendered less painful by keeping the upper bowel free and feces soft by small doses of saline laxative.

Very small doses of aloin act as a useful tonic in relaxed hemorrhoids; gr. 1-67 four times a day, before meals and at bedtime.

When hemorrhoids indicate hepatic hyperemia or obstruction see first to the liver; the bleeding is often salutary, frequently a warning.

Keep the stools aseptic by giving enough zinc sulphocarbolate to deprive them of undue malodor; average 30 grains daily, divided doses.

For spasm of the sphincter, remove local irritations and give hyoscyamine gr. 1-500 every half hour till the mouth begins to feel dry.

Pruritus ani is too valuable as a symptom to be simply treated locally; cultivate curiosity and ascertain the reasons for such phenomena.

Carbenzol quickly relieves pruritus when locally applied; but do not let the case go with so simple a treatment. Cancer may underlie it.

Emetine specifically subdues inflammations of the large intestine such as dysentery; try small doses persistently in other cases.

Ergotin contracts capillaries and all circular muscular fibers; quickly as compared with berberine but less enduring; gr. 1 to 3 a day.

Juglandin, like rhubarb, increases mucous secretions and soothes irritations throughout the alimentary tract; gr. 1 to 3 each day, divided doses.

The good effects of very small doses of sulphur can only be appreciated by those who have studied them; acts on the liver.

In irritative conditions try the powers of veratrine, gr. 1-134 every four hours, regulating pulse tension and opening elimination by all routes.

First and last, learn to interpret the symptoms, and always look to the liver; sometimes pass it to the heart.

Infected feces are never harmless to open ulcers or tissues weakened by disease; learn to apply antiseptics as a routine measure, effectively.

The utmost gratitude, full fees willingly paid, lifelong friendship, are his who relieves the man who suffers from rectal ailments—and he is numerous.

LEAD WATER**LAUDANUM****KAOLIN****GLYCERIN****ANTICONGESTUS
COMP.****(WARNER & CO.)****FORMULA :**

Lead Subacetate, Opium, Aconite, Belladonna, Thymol,
Peppermint, Kaolin, Glycerin, Boric Acid, Oil of
Eucalyptus, Gaultheria.

**ANTIPHLOGISTIC, DECONGESTANT,
ASTRINGENT, SEDATIVE, ANODYNE,
ANTISPASMODIC, ANTISEPTIC, ETC.**

The Rationale of the Combination as a local
treatment for Inflammation is thoroughly appre-
ciated by every Physician.

ACONITE**BELLADONNA**

REMAINS MOIST AND IN
CONTACT WITH THE SKIN
AND, THEREFORE, IS
THERAPEUTICALLY
ACTIVE, REQUIRES
CHANGING ONLY EVERY
12 TO 24 HOURS.

BORIC ACID**GAULTHERIA**

Supplied in 1-2 lb., 1 lb., Opal screw cap jars and
5 lbs., 25 lbs., Screw cap cans.

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BRANCHES,

New York, Chicago, New Orleans.

THYMOL**PEPPERMINT****OIL OF****EUCALYPTUS**

H-M-C. and a Happy Delivery.

A few days ago I was called to see a case of obstetrics. The lady was a prim'para, twenty-four years old, was anemic, dropsical with a very bad heart. She began having pains on Sunday afternoon, and I was called Monday morning. She was having pains at intervals of five minutes, but the os did not dilate. During the day and up to ten o'clock the pains grew stronger, were very severe, with but little dilation of os; patient almost exhausted. I gave one half-size H-M-C (Abbott) at 10 p. m. She was sleeping thirty minutes after and was delivered of a fine boy at 2 a. m. Complained some during the last three or four pains. I was delighted and so was the patient.

J. H. HAMMOND.

Enigma, Ga.

Relief in Rheumatoid Conditions.

Dr. Pettingill, of New York City, under the head of "Intestinal Antisepsis," reports some excellent experiences, from which the following is selected:

"Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact that antikamnia in combination with various remedies, has a peculiarly happy effect. Particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations are wonderfully relieved by the use of this combination. After fevers, inflammation, etc., there frequently remain various painful and annoying conditions which may con-

tinue, namely. the severe headaches which occur after meningitis, a 'stitch in the side' following pleurisy, the precordial pain of pericarditis and the painful stiffness of the joints which remain after a rheumatic attack—all these conditions are relieved by this combination called 'Antikamn'a and Salol Tablets' containing $2\frac{1}{2}$ grs. each of antikamnia and of salol and the dose of which is one or two every two or three hours. They are also recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol neutralizes the uric acid and clears up the urine. This remedy is a reliable one in the treatment of diarrhoea, enterocolitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate of magnesia, followed by two antikamnia and salol tablets every three hours, will give results that are gratifying."

The Use and Abuse of Cardiac Stimulants.

(Hare, *Therapeutic Gazette*.)

In this article the author discusses the common disregard of certain essential details concerning the action of cardiac stimulants. Physicians themselves probably suffer more as a class from this abuse. The "tired heart" commonly existing among physicians usually receives at their hand excessive doses of digitalis instead of the indicated rest. Strong coffee and other adjuncts are also self-prescribed, causing an increase of the cardiac disorder. Another erroneous use of cardiac stimulants is their employment in a state of undue excitation in which condition cardiac sedatives are needed. Not uncommonly cardiac irregularity calls for small doses of aconite or veratrum vir-

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scopy.

ide. Again a patient with feeble heart receives digitalis when in reality the cause of the feebleness lies in a degenerated heart muscle, which is incapable of gaining any advantage from this drug. In fact by contracting a blood vessel digitalis increases the labor of the heart. Under these circumstances *strophanthus* or *cactus*, the action of which is cardiac, but slightly if at all vascular, should be used."—*Interstate Medical Journal*.

The expressions of the medical profession on *Cereus Grandiflorus* and *Cactina Pillets*, which truly presents the therapeutic properties of the drug in the highest form, are very encouraging. It seems that any drug that offers assistance to cardiac complications, and especially if it is devoid of the objectionable features of stronger cardiac remedies, should commend the earnest attention of the bedside practitioner.

Treatment of Uterovaginal Catarrh.

(By C. E. Brandenburg, M. D., N. Y. City.)

Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leukorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand,

but to no purpose. I was making preparation for an operation, which would have meant the removal of the uterus, when my attention was drawn to Glyco-Thymoline and I determined to give it a thorough trial before operative measures were to be further introduced. An intrauterine douche of Glyco-Thymoline in 25 per cent. hot solution was administered and lamb's wool tampons saturated with Glyco-Thymoline pure were used. She began to improve from the first application. The leukorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine weeks' treatment with Glyco-Thymoline.

Reading Notices.

"Rheumatic sore throat exhibits no exudate and no pus formation, but the membrane is a decided red, often rather dark, and is markedly aggravated by weather conditions that increased rheumatic symptoms. Local treatments and even the usually successful internal medicines for ordinary sore throat are inefficient."

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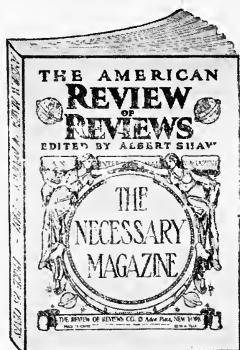
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Surgical Suggestions.

Preauricular pain is often caused by an alveolar inflammation.

A small incision and the proper employment of Bier's breast cup will secure exceedingly gratifying results in the management of breast abscesses.

The occurrence after laparotomy of marked distention of the upper abdominal zone, vomiting and collapse, points to acute dilatation of the stomach.

An inguinal hernia giving signs of obstruction and partially reducible, may empty into a properitoneal sac in Hesselbach's triangle, a loop of gut being compressed against the neck of the sac.

Ten grains of trional (or veronal) the night preceding an operation, and a quarter of a grain of morphin one hour before operation, will make an anesthesia easier and more complete and it will not be followed by the usual after effects of a complete narcosis.

A perforated intestinal ulcer, especially if low down, may give all the signs and symptoms of acute appendicitis. A very high leucocyte count with a high percentage of polynuclears, and the presence of a large amount of fluid in the peritoneal cavity, accompanied by general rigidity, may suggest the diagnosis.

When there is sudden acute pain in the right abdomen accompanied by rigidity of the abdominal muscles and high fever, making a diagnosis of gall-bladder disease or appendicitis probable, a lesion of the kidney should not

be excluded, especially if there is sharp pain on pressure in the right costo-vertebral angle.

A 10 per cent. ointment of fuchsin in vaselin or zinc oxid frequently yields gratifying results in stimulating the epidermization of indolent ulcers and granulating wounds.

In acute intestinal obstruction it is far preferable to relieve the immediate danger to life by tentative enterostomy or colotomy than to hunt for the cause of the obstruction.

Care must be taken in resecting the last true rib not to open the pleural cavity; for not only does this produce a pneumothorax, but an extensive subcutaneous emphysema may also result.

Depilatories are useful in the preparation of the scalp for the treatment of abscesses or infected wounds, when the nature of the infection or the matted condition of the hair makes shaving difficult.

Pain and tenderness behind the ear is not always indicative of mastoid disease. One should not forget to look for pediculi in the scalp, for they often lead to an infection of the deep cellular tissues in this region.

The presence of a Head zone starting in the inguinal region and extending down the thigh in the form of a kite (tail downward) should make one examine the pelvic organs thoroughly, for the lesion very probably is in the Fallopian tube—pus tube or ectopic gestation.

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News.

Personal.

Dr. Henry T. Bahnson, Winston-Salem, has returned after six months' absence in Europe.—Dr. Hillary M. Wilder, Charlotte, has gone to Europe.—Mr. E. N. McIver, Jonesboro, has been appointed assistant demonstrator of clinical pathology in the North Carolina Medical Department, Raleigh.—Dr. Charles L. Minor and family, Asheville, have returned after a summer spent in the Muskoka Lake region.—Dr. W. C. Perry, Wakefield, was seriously injured by the overturning of his buggy recently.—Dr. George W. Pressly, Charlotte, has been elected surgeon in chief and chief of

staff of St. Peter's Hospital.—Dr. William S. Taylor, Mt. Airy, sustained severe injuries while crossing the tracks of the Southern Railway, recently, but is expected to recover.

At the meeting of Mecklenburg County Medical Society on Tuesday, Dec. 5th, Dr. C. A. Meisenhimer was elected President; Dr. R. H. Lafferty, secretary-treasurer; Dr. C. E. Register and Dr. J. P. Monroe were elected delegates, and Dr. S. M. Henderson and Dr. Thos. E. Costner, alternates.

Broadoaks, the magnificent sanatorium, owned by Dr. Isaac M. Taylor, at Morganton, is being enlarged to the

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Felony to Sell Cocaine.

The New York Legislature has recently passed an act making it a felony to sell cocaine except on a written prescription.

Notice to Physicians.

Dr. F. L. Stevens, of the A. and M. College, is now undertaking an investigation of ptomaine and other poisons occurring in milk and its products. The work is being done under a grant for investigation made by the Government through the North Carolina Agricultural Experiment Station. The object

of the investigation is to study the source of poisons in milk and to study the toxicogenic organisms.

Dr. Stevens desires the aid of the physicians of the State in two ways:

1. To notify him of any cases of tyrotoxisms or galactotoxisms occurring in North Carolina, and, if possible, to furnish him material from the poisonous food. If it can be arranged, he desires to visit the premises and make local bacteriological tests.
2. To furnish to him, for historical record, all facts obtainable regarding the occurrence of such cases in the past, or give to him the address of any one who would be able to give such facts, in order that some knowledge may be gained as to the importance of this class of poisons.

Book Reviews.

THE PRACTITIONER'S VISITING LIST for 1908. An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and 30-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea Brothers & Co., Philadelphia and New York.

Being in its twenty-second year of issue, The Practitioners' Visiting List embodies the results of long experience and study devoted to its development and perfection.

It is issued in four styles to meet the requirements of every practitioner: "Weekly," dated for 30 patients; "Monthly," undated, for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year, and "60 Patients," undated, for 60 patients weekly per year.

The text portion of The Practitioners' Visiting List for 1908 has been thoroughly revised and brought up to date. It contains among other valuable information a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of

doses; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

Printed on fine, tough paper suitable for either pen or pencil, and bound with the utmost strength in handsome grained leather, The Practitioners' Visiting List is sold at the lowest price compatible with perfection in every detail.

A TEXT-BOOK OF PHYSIOLOGY — By Isaac Ott, A. M., M. D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia. Second Revised Edition. Illustrated with 393 Half-tone Engravings, many in Colors. Royal Octavo, 815 pages. Bound in Extra Cloth. Price, \$3.50, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This volume is the second edition of the treatise on Physiology by Ott and the demand at this time for this new edition indicates its popularity and should be gratifying to author and publisher alike.

"The conception of life in its simplicity is limited to a few elementary phenomena, such as nutrition, evolution, reproduction, sensibility and motion. These properties taken together distinguish the living from every form of lifeless substances. Combination of these simple elementary phenomena give us every complex function of our present life. If study of life is the

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study of these elementary phenomena, it is necessary that our working force be brought to their seat and home—the cell.”

Thus does Ott begin his discourse on Physiology, a thorough knowledge of which is necessary for the full equipment of the physician.

The various subjects into which the study of Human Physiology naturally divides itself are all handled in a masterly manner, that on digestion and the circulation being remarkably full. Considerable new matter has been inserted, for Physiology is a science undergoing continuous development. The chapter on Vision is particularly strong and clear. Electro-Physiology receives more attention than in the first edition, and the article upon the Great Sympathetic System has been entirely recast, the latest knowledge in this direction being incorporated. In fact, this is true of

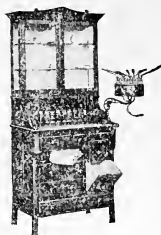
every section, changes being made in the text so as to incorporate any new acquisition of knowledge on the subject under discussion.

The volume is handsomely printed on good paper, neatly bound and contains over 800 pages.

Annals of Surgery.

The three leading articles in the October number of the Annals of Surgery are devoted to the study of Exophthalmic Goiter. The first two articles being devoted to the study of the Parathyroid Glandules and their removal without producing tetany. There is also a very interesting paper on Rectal Anaesthesia, with a report of its practical employment at Roosevelt Hospital. Besides these enumerated there are twelve articles of interest in this number.

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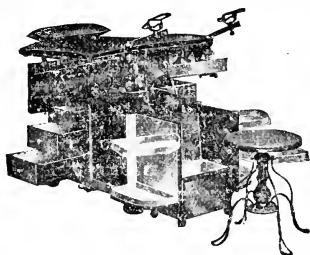
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A TEXT-BOOK OF PRACTICAL GYNECOLOGY—For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, and Sometime Professor of Gynecology, Starling Medical College; Gynecologist to St. Anthony and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association, of the Ninth International Medical Congress, etc. Second, Revised Edition. Illustrated with 350 Engravings, a Colored Frontispiece, and 13 Full-page Half-Tone Plates. 642 Royal Octavo Pages. Extra Cloth, \$4.50, net; Half-morocco, Gilt-top, \$6.00, net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The second edition of this well known Gynecology has just been received. To those familiar with the first edition little need be said, except that the changes are chiefly in the technics. The book seems to be especially adapted for students. The text being clear and concise it is easy to grasp and retain the points the author is endeavoring to explain. The illustrations form one of the features of the work. We desire to call especial attention to the Index of Regional Symptoms as an aid to diagnosis.

WOMAN—A Treatise on the Normal and Pathological Emotions of Feminine Love, by Bernard S. Calmey, M. D., Gynaecologist to the Metropolitan Hospital and Dispensary, New York. For Physicians and Students of Medicine. With Twenty-two Drawings in the Text. Practitioners

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Street, New York. Price \$3.00.

The author states that small causes have often great effects. This is not only the rule in large, but also in small affairs. The casual call of a young woman seeking advice for partial frigidity was the circumstance that led to the writing of this treatise. At that time the author, who was only a few years in practice, was not only unable to give the patient any advice, but he did not even know of the existence of such an anomaly as her complaint. His professors at the university never told him anything of the normal sexual emotions, and his text-books on physiology and pathology were equally silent on this subject. What the author knew about amateness was, therefore, only subjective; and his knowledge of the amatory feelings of the other sex was only gained by hearsay, which is plainly

insufficient for the practitioner who is often called upon to treat anomalies of these emotions.

In order to enlarge his knowledge the writer began to study the important subject, but soon found that human passion had received but passing attention by most of the medical writers. As a gynaecologist the feminine amatory emotions have particularly appealed to the author's reflection. Upon the correct judgment of the physician, which in the case of women must be reached after the most careful psychological analysis of the sexual life, depends the happiness of the family. The feminine amatory emotions touch, in a broader sense, most intimately both private and social life.

With a view of supplying this want in gynaecological literature the author has ransacked the libraries for the last few years in search of light on this important subject. The fruit of his labors is this short medico-philosophical treatise. The author, therefore, lays no claim to particular originality. The opinions laid down in this treatise are thus based upon the experiences of hundreds of writers in various countries and at different times. If the writer be permitted to claim any credit, he does so for this rather than for originality, if true originality were possible in medical science.

AMERICAN ONCOLOGIC HOSPITAL.—For the Study and Treatment of Cancer and Other Tumors. Northwest Corner Forty-fifth and Chestnut Streets, Philadelphia, Pa. Incorporated November 7, 1904, under the Laws of the State of Pennsylvania. Opened January 4, 1905. Second Annual Report to the Membership for the Year Ending December 31, 1906. The Holmes Press, Philadelphia, 1907.

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SOME EXPERIENCE WITH THE HYOSCINE-MORPHINE-CACTIN ANESTHESIA

By *W. T. Harrison, M. D.*

Perhaps it will be of interest to many for me to summarize my experience in the use of H-M-C tablets for the last five months.

In Surgery.

1. One hypodermic has never been quite sufficient for anesthetic purposes.

2. Two hypodermics seldom produced surgical anesthesia

3. After one hypodermic a very small quantity of chloroform is required, but when needed the administration must be fairly continuous.

4. After two hypodermics a few inhalations of chloroform place the patient in good surgical condition and he can be kept so for a prolonged time by simply using a *few* drops now and again.

5. Only occasionally is there nausea after operating.

6. I have had no case of shock to treat.

7. There has been little or no post-operative pain or distress and no need of catheter in a single case.

8. Occasionally the patient will be talkative for an hour or so after operation, but ordinarily is unconscious of this.

9. Apparently the hyoscine is the disturbing factor in No. 8.

10. With one exception the patients have expressed themselves as pleased with the effects of the hypodermic, one only complained of a horrible sinking sensation.

11. Patients who have been operated upon before under ether or chloroform say that there is no comparison between the two methods; that after this the operating-table has little sense of terror to them.

12. The nurses are enthusiasts in favor of the hyoscine morphine cactin anesthetic, both in the operating-room and in the ward afterward, since it reduces the labor of the first twenty-four hours to a minimum.

13. The first injection may be given in the ward (mine are all private wards, no general) and the second preferably on the table or just before going on to it. Sometimes with a nervous person we let her lie on a stretcher adjacent to the table in the operating-room.

14. Always the face is suffused; sometimes the eyes become staring for a while, but apparently there is no trouble from the condition.

In Midwifery.

The use of H-M-C is a boon to suffering women. The pains are modified; often labor is hastened by general relaxation and the aborting of futile pains, seldom any afterpain needing treatment. And so far I have not noticed a single contraindication.

General

For the allaying of severe pain (traumatic or functional) I have found the combination better than morphine or morphine and atropine. Pain of the ovarian region is much benefited by H-M-C administered either by mouth or hypodermically.

For anodyne effect I observe nearly as quick results are obtained by letting the patient chew the tablet, mixing with the saliva (not using even a mouthful of water) instead of giving subcutaneously. Also, if crushed and dissolved in a dessertspoonful of very hot water the effect is almost as quick as when hypodermically used, which is an advantage for nervous cases, especially in giving the first tablet.

The pain caused by the passage of a gallstone was better relieved by the H-M-C than by morphine alone.

In two cases of very weak heart I gave an extra-cactin tablet, gr. 1-67, with the first tablet; results satisfactory.

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Just What is an Obsession.

This word may be defined as *an insistent and compulsive thought, habit of mind, or tendency to action*. The person so burdened is said to be obsessed.

Few children are quite free from obsession. Some must step on stones; others must walk on, or avoid, cracks; some must ascend the stairs with the right foot first; many must kick posts or touch objects a certain number of times. Some must count the windows, pictures, and figures on the wall-paper; some must bite the nails or pull the eye-winkers.

Consider the nail-biter. It cannot be said that he toils not, but to what end? Merely to gratify an obsession. He nibbles a little here and a little there, he frowns, elevates his elbow, and inverts his finger to reach an otherwise inaccessible corner. Does he enjoy it? No, not exactly; but he would be miserable if he discontinued.

It is during childhood that we form most of the automatic habits which are to save time and thought in later life, and it is not surprising that some foolish habits creep in. As a rule, children drop these tendencies at need, just as they drop the roles assumed in play; though they are sometimes so absorbing as to cause inconvenience. An interesting instance was that of the boy who had to touch every one wearing anything red. On one occasion his whole family lost their train because of the prevalence of this color among those waiting in the station. The longer these tendencies are retained in adult life, the greater the danger of their becoming coercive; and so far as the well-established case is concerned, the obsessive act must be performed, though the business, social,

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and political world should come to a stand-still.

A child who must kick posts is father to the man who cannot eat an egg which has been boiled either more or less than four minutes; who cannot work without absolute silence; who cannot sleep if steam-pipes crackle; and who must straighten out all the tangles of his life, past, present, and future, before he can close his eyes in slumber or take a vacation. The boy Carlyle, proud, shy, sensitive and pugnacious, was father to the man who made war upon neighbors, poultry, and had a room, proof against sound, specially constructed for his literary labors.—George Lincoln Walton, M. D., in *November Lippincott's*.



